

2008-09 STUDENT DISABILITY/MEDICAL ACCOMMODATION REQUEST FORM

1. Stanford ID#: 2. Gender: Male Female 3. Birthdate: _____

4. Name: _____
 Last (Family) First Name Middle Initial

5. Type of Housing:

- (U) Single Undergraduate Housing
- (G) Single Graduate Student Housing
- (C) Couple without Children Housing
- (F) Student with Children Housing

6. Quarter/Semester: I am applying for housing (if applying for summer and another quarter/semester, please check both terms):

- (1088) Summer Quarter 2008
- (1092) beginning Autumn Quarter/Semester 2008-09
- (1094) beginning Winter Quarter/Spring Semester 2008-09
- (1096) beginning Spring Quarter 2008-09

7. Student Status:

- (US) Undergraduate
- (GN) New Graduate Student
- (GT) Coterminal Student applying for Graduate Housing for the first time
- (GC) Continuing Graduate Student
- (NM) Non-matriculated Student (including post-doctoral scholars)

8. Group Information (If applying with a group, list Group Members below): Summer and single graduate housing applicants may apply with up to three group members. Undergraduate housing applicants for the academic year may apply with up to seven group members. Each of the undergraduate members must have and use the same guarantee and preferred year status. All graduate group members must have assignment priority. Each must also sign this form stating an understanding of policies regarding accommodation applications and assignments. By signing this form, group members relinquish their right to participate in the regular assignment round and agree to be placed with you in the residence to which you are assigned.

Please note that the requester and each group member MUST also submit regular housing applications.

SUID	Print Name	Signature
1. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____
2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____
3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____
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7. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____

FOR OFFICE USE ONLY:		
Guar/Pref Level:	Num:	<input type="checkbox"/> Exempt <input type="checkbox"/> Exempt Room Draw Only <input type="checkbox"/> Reassign <input type="checkbox"/> Denied
Total # in Group:	Attendant? yes no	
Contact Facilities? yes no	Facilities Contact:	
Curr Res/Room:	New Room Type:	New Res:

9. **Residence History:** List all the Stanford University residences where you have previously lived.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

10. **Current Residence** (if in Stanford University housing):

Residence: _____ Room/Apt #: _____

Type of Room:

- Single occupancy room
- Two-room double with roommate or live-in attendant
- Two-room double without roommate or live-in attendant
- One-room double with roommate or live-in attendant
- One-room double without roommate or live-in attendant
- Apartment with roommate or live in attendant
- Apartment without roommate or live in attendant
- Other _____

11. **Type of Accommodation Request:** Check option A, B, or C below, and **please indicate how your disability impacts your housing needs** and why you are requesting an exemption from or accommodation within the regular assignment process. Please be as specific as possible about requests for **architectural modifications and other requirements**. You may attach additional sheets if needed.

- (A) I request an exemption from the standard housing application process.
- (B) I can participate in the standard housing application process, but I require a specific accommodation within my residence or within my room.
- (C) I am assigned to housing for the 2008-09 year, but I am requesting to be reassigned to a different type of room or residence.

Please describe:

12. **Residence Choices:** List all the residences (in order of preference) that you believe will meet your medical needs. It is to your advantage to list as many residences as possible. If, for example, an undergraduate is drawing preferred, the student may want to list a first set of choices if the draw number is below 0500, a second set of choices if the draw number is between 0501-1000, a third set of choices if the draw number is 1001-1500, and so on.

You must be willing to live in any residence that meets your medical needs to receive an exempt assignment, and you should rank your choices accordingly. If you do not list a sufficient range of residence choices, you may be assigned to a residence that you have not listed as a choice but meets your needs, at the discretion of Housing Assignments and the SDRC. A brief description of residences is available on-line. <http://housing.stanford.edu/tour/index.html>

Undergraduates seeking assignment to a residence that offers special priorities should request a priority at the house to improve the chance of being assigned there, and should indicate below whether or not a priority has been requested. Students applying for single graduate, couple without children or student with children housing should indicate if you would like to use your "returning residence priority" (RRP) if you are requesting to stay in your current residence and room/apartment.

Residence Code/Description	Undergraduates: House Priority Requested?	Graduates: RRP Used?	Renewal?
1. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2. _____	<input type="checkbox"/> Yes		
3. _____	<input type="checkbox"/> Yes		
4. _____	<input type="checkbox"/> Yes		
5. _____	<input type="checkbox"/> Yes		
6. _____	<input type="checkbox"/> Yes		
7. _____	<input type="checkbox"/> Yes		
8. _____	<input type="checkbox"/> Yes		
9. _____	<input type="checkbox"/> Yes		
10. _____	<input type="checkbox"/> Yes		
11. _____	<input type="checkbox"/> Yes		
12. _____	<input type="checkbox"/> Yes		
13. _____	<input type="checkbox"/> Yes		
14. _____	<input type="checkbox"/> Yes		
15. _____	<input type="checkbox"/> Yes		
16. _____	<input type="checkbox"/> Yes		
17. _____	<input type="checkbox"/> Yes		
18. _____	<input type="checkbox"/> Yes		
19. _____	<input type="checkbox"/> Yes		
20. _____	<input type="checkbox"/> Yes		

Residence codes, online tours and a list of accessible residences are available on the Housing Assignments web site and in the office.

<http://housing.stanford.edu/tour/index.html>

<http://housing.stanford.edu/forms/disability/accessibleres.html>

13. *The following three questions are for planning purposes only. You will still need to file a Termination of Occupancy form and submit a new application if returning in a future quarter/semester, if applicable.*
- A. Will you be taking a leave of absence, stopping out, or going abroad this year?
 No Yes. If yes, at the **end** of which term? _____
- B. Will you be returning from a leave of absence, stopping out, or going abroad this year?
 No Yes. If yes, at the **beginning** of which term? _____
- C. Will you be changing housing categories during the year, due to a change in family or marital status?
 No Yes. If yes, at the **end** of which term? _____
14. **Required Medical Documentation:** You must provide documentation from an appropriate professional describing your disability. Please refer to the "Documentation of Disability" instructions for guidelines. A copy of these guidelines should be provided to any professional providing documentation on your behalf. <http://housing.stanford.edu/forms/disability/documentation.html>
- I have attached the required documentation.
 Current documentation is already on file at the Student Disability Resource Center.
15. **Application Forms:** You (and all of your group members, if any) must also include a regular housing application.
- I have submitted an application through Axess (*preferred*).
 I have attached a paper application.
16. **Signature:** By signing this form, I affirm that I have reviewed the above listed choices, **and am willing to live in any residence that meets my medical needs.** I also affirm that I have read the applicable web pages for the type of housing and term that I am requesting, and understand and agree to the terms set forth therein.

Signature

Date

Email

Phone

Return this form to the
 Student Disability Resource Center, Office of Accessible Education
 563 Salvatierra Walk, Stanford, CA 94305
 Phone (650) 723-1066 • Fax (650) 725-5301 • TTY (650) 723-1067