accommodations request form

The purpose of the form is to facilitate the provision of appropriate accommodations while living in a University residence.

Student Instructions:
Complete and sign Section One. If you are requesting accommodations due to a disability or medical condition, please give Section Two to your physician or medical specialist. Your physician or medical specialist must provide a letter stating his/her recommendations for your University housing accommodations.

Completed accommodations forms will be reviewed by the Special Accommodations Housing Coordinator.

Submit this form and the letter as soon as possible to: Katelyn Sadler, Cal Housing, University of California, Berkeley 2610 Channing Way #2272 Berkeley, CA 94720-2272. Incomplete requests will be returned, which will delay processing.

Section One — Housing Accommodations Requests
(To be completed by the Resident, PLEASE PRINT. You may attach additional sheets, if necessary)

Student Name: _____________________________________________  SID: _________________________________________

Email : ____________________________________________________________________

Please indicate the accommodations you are requesting: ______________________________________________________________________

Please explain the reason(s) for your request: ________________________________________________________________________________

(Please check one) If requesting a single room, is this a ___ personal preference or ____ necessary due to a disability or medically related condition?

If you are requesting a single room as an accommodation to your disability or medically related condition, please describe the specific ways that sharing a room with another person causes you difficulties.

_________________________________________________________________________________________________________________________

Optional (to support the University in maintaining the safety of residents)
Is there any aspect of your disability/medical condition that may, under certain conditions, pose a threat to the safety or health of yourself or other residents? If so, please describe:

_________________________________________________________________________________________________________________________

Optional (to expedite processing your request for accommodations) If additional medical information is needed from your physician or specialist, do we have permission to contact them directly?

Resident Signature: ____________________________________________________________________________   Date: __________________

Physician Name: ________________________________________________________________________________

Physician Telephone Number: ____________________________________________

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Section Two – Medical Information  (To be completed by Medical Professional)

Medical Professional Instructions

Dear Medical Professional:
This student is asking the University for accommodations while living in University housing. By providing a full and complete response, you will help to expedite the processing of this student's accommodation request, and reduce the need to return to you for additional information. Please submit your response on official letterhead from your office by as soon as possible. Handwritten notes and/or notes written on prescription pads will not be reviewed and labeled incomplete. Incomplete requests will be returned and processing will be delayed.

To assist us in reviewing this request, please describe in detail the student’s disability and/or medical condition in relation to its impact on the student’s functional limitations to live in standard campus housing accommodations.

Return to: Cal Housing, University of California, Berkeley, 2610 Channing Way #2272 Berkeley, CA 94720-2272, Attention: Katelyn Sadler
Fax: (510) 642-4026
Email: katelynsadler@berkeley.edu

This information will be protected as confidential and will be used only for the purpose of providing housing accommodations.

For more information, go to housing.berkeley.edu/livingatcal