



Housing Accommodations Procedure

Students may request housing or dining accommodations for a disability. Students must self-disclose disability and provide appropriate medical documentation. Wingate University (WU) requires supporting documentation from the student's treating and licensed clinical professional or health care provider before WU will consider and provide a reasonable accommodation. A person with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activities which may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Failure to complete this form in a timely manner may result delay or prevent WU from being able to grant the requested accommodation.

Please complete the following forms and submit to the Disabilities Support Services office:

1. Student completes either the online Housing Accommodations Form OR the paper version (both are not necessary).
Online version: <https://rainier.accessiblelearning.com/Wingate/ApplicationHousing.aspx>.
2. Student completes the Permission for Release of Information.
3. Student and provider complete "Documentation of Disability-Related Need for Housing Accommodations." *In addition to this form the physician must include, on letterhead, the date of the most recent office visit of the student, their professional credentials, contact information, and signature. This form should be completed by a licensed, clinical professional or health care provider. It is not to be completed by the student or a family member.*

We recommend submitting requests for housing accommodations before May 1, 2020, for the following year for new students. Housing requests will be accommodated based on the level of need and space availability. Requests submitted after this date will be subject to space availability.

Return to:

By Mail: Academic Resource Center, Wingate University, 107 West Wilson Street, Wingate, NC 28174

By Fax: 704-233-8268

By Scan: access@wingate.edu (Please include the subject line: Housing Accommodation Request Student Last Name, Student First Name)



Wingate University Housing Accommodation Request Form

To be completed by student. Please type or print.

Name:		Student ID:
Campus Box (if known):	Residence Hall (if known):	Semester and/or year to which this request applies:
Home Address:		
Home Phone:	Home/School Email:	
Date of Birth:	Are you a new, transfer, or a returning student? (Circle one)	

Please list specific housing accommodations and explain need based upon documented disabilities, conditions, or needs.

Request(s):

Justification*:

If this request is for a single housing request, how does sharing a room impact the student's ability to live and equally participate at Wingate University?

Would typical roommate adjustments (using headphones, a sleeping mask, sound machine, negotiating shared space, creating a roommate agreement) resolve the concern or hinder access to the space? Please explain.

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18).

Signature: _____ Date: _____

**Note: The Housing Accommodations Committee reviews requests to ensure that the claimed disability is a "substantially limiting condition" as defined by the Americans with Disabilities Act.*



Permission for Release of Information

I give permission for the exchange of any medical, educational, or psychiatric information between the following departments of Wingate University: (Check all applicable)

- ☐ Disability Support Services
- ☐ Student Health Services
- ☐ Office of Counseling
- ☐ Residence Life

And

☐ _____

To be completed by the student: (Please print)

Name of Diagnosing Professional:	
Title of Diagnosing Professional:	
Address of Professional:	
Email:	Phone/Fax:

To be completed by the student: (Please print)

Student's Full Name:	
Home Address:	Phone:
Email:	Student ID#:

To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18).

Signature: _____ Date: _____



Documentation of Disability-Related Need for Housing Accommodations

(This top section ONLY to be completed by student. Please print.)

Student:		Phone:
Student ID#:	Are you a new, transfer, or a returning student? (Circle one)	Date of Birth:
Address:		

The student above is requesting a housing or dining accommodation based on a disability. Wingate University (WU) requires supporting documentation from the student's treating and licensed clinical professional or health care provider before WU will consider and provide a reasonable accommodation. A person with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activities which may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Failure to complete this form in a timely manner may result in a delay or prevent WU from being able to grant the requested accommodation. This form should be completed by a licensed, clinical professional or health care provider. It is not to be completed by the student or a family member.

Please print. This form must be completed by the diagnosing professional, who should not be a relative of the student.

Diagnosis:

What major life activity (e.g., walking, seeing, hearing, breathing, self-care) does the condition substantially limit?

Describe the current impact of the condition: (Including negative health impact that may be permanent or life-threatening if the request is not granted).



Original date of diagnosis:	By:
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Diagnostic criteria/tests administered:

Date of most recent evaluation:

Treatments/medications/devices or services currently prescribed (please include name of medication and dose):

Expected duration, stability, or progression of the condition:



If this request is for a single housing request, how does sharing a room impact the student's ability to live and equally participate at Wingate University?

Would typical roommate adjustments (using headphones, a sleeping mask, sound machine, negotiating shared space, creating a roommate agreement) resolve the concern or hinder access to the space? Please explain.

With this signature, I attest that I am a licensed, clinical professional or health care provider or healthcare provider treating this student for their disability, and I completed this accommodation request on behalf of the student I am treating.

Signature _____

Date _____

In addition to this form, please include, on professional letterhead, the date of the most recent office visit of the student, your professional credentials, and your signature.