VINCENNES UNIVERSITY
www.vinu.edu

DISABILITY-RELATED HOUSING ADJUSTMENT REQUEST

Student: Please complete the top section of this form, then have the licensed professional (cannot be a family member) who evaluated, or otherwise has knowledge of, your disability complete the remainder of the form.

Professional: Please answer the questions below completely, and attach other documentation supporting this student's request, if applicable.

Student's section (please print legibly or type):

_____ _____ _____ _____
Student's Last Name First Name Date of Birth VU ID# (A#)

_____
Student's Home Address

_____ _____
Phone Number E-mail Address

_____ _____
Student's Signature Date

In your own words, please briefly describe the reasons you are requesting an adjustment in your VU housing/living situation:

Professional's section (please print legibly or type):

1. What is the disability/diagnosis, including the specific symptoms and resulting functional impact that require an adjustment in this student's housing/living situation in order for the student to fully benefit from living in University housing?

2. Describe any treatment measures or type of care or assistance, including medication that are currently being employed to assist with the symptoms of this student's disability.

3. What potential implications does this student's disability present to other students who may be assigned to live in the same residential location?

4. What following, specific adjustments in the housing/living situation do you recommend? All housing adjustments must have a clear, logical connection to the functional impact of this student's disability.

   □ private room □ a single room in a shared suite (is acceptable)

   □ private bathroom

   □ ground floor with no stairs □ elevator access (is acceptable)

   □ assistance animal (including a completed animal registration form)

   □ physically modified room (please describe):

Licensed Professional's Signature: _____

Professional's Name (please print): _____

Professional's Address: _____
(street)

_____
(city, state, zip code)

Profession in which you are licensed: _____

State providing licensure: _____ License #: _____

Please send form to:
Vincennes University
Disability Services
1002 N. 1st Street
Vincennes, IN 47591
FAX: 812-888-2087

Effective 10-9-17