

## Housing Accommodation Request Form

Disability Services  
4400 University Drive, MS 5C9, Fairfax, Virginia 22030  
Student Union Building I (SUB I), Suite 2500  
Phone: 703-993-2474 | Fax: 703-993-4306  
Email: [ods@gmu.edu](mailto:ods@gmu.edu) | Website: <http://ds.gmu.edu>

Dear Student,

In an effort to effectively respond to student requests for housing modifications and accommodations, George Mason University has created the Housing Request Committee (HRC). Each request will be handled on a case-by-case basis and is reviewed by the HRC where staff from Disability Services consult with Student Health Services, Counseling and Psychological Services, and the Office of Housing and Residence Life. Any documentation submitted to support a request should be current and relevant and be from an appropriate professional that describes the current functional impact of the condition or disability as it relates to the housing modification or accommodation requested. The HRC will discuss reasonable modifications or accommodations based on student self-report, observations and interactions during your initial Disability Services meeting, and documentation from a healthcare provider/professional.

Mason reserves the right to request additional documentation if the information submitted appears to be outdated, inadequate in scope or content, does not address current level of functioning, or does not substantiate a need for modifications or accommodations. Disability Services will make a determination following HRC review of student requests. Disability Services will contact students directly via Mason email account to communicate that determination. Students who are not satisfied with the outcome of their housing accommodation request are encouraged to review the Disability Services Grievance Process (<https://ds.gmu.edu/grievances/>).

**Recommended Date for Mason students who have been previously approved for Housing accommodations in previous academic year**—if you have been approved for a housing accommodation in the previous academic year and your situation and request has not changed, then you will automatically be approved for the same accommodation for the upcoming academic year if you decide to live on campus. If your request and situation has not changed, you will only need to complete the student section of this form. For best consideration, the student section needs to be fully completed and submitted to Disability Services by the 3<sup>rd</sup> Friday in January.

**Recommended Dates for incoming freshmen and current on-campus Mason students making an initial Housing accommodation request**—for best consideration, a fully completed Housing Accommodation Request Form should be submitted to Disability Services by:

- 3<sup>rd</sup> Friday in January for current on-campus Mason students making an initial accommodation request
- May 1st for incoming freshmen to Mason

**Recommended Date for Transfer students and students new to housing**—if you have been accepted into George Mason University and plan to submit a housing application or are a current off-campus Mason student and plan to apply for housing for the upcoming academic year, please submit a Housing Accommodation Request Form right away. Housing is available on a first-come, first-serve basis. Once you apply for housing, please notify Disability Services and we will move forward with your Housing Accommodation request. For best consideration, a fully completed Housing Accommodation Request Form should be submitted to Disability Services when you are accepted into George Mason University.

Requests received after the recommended dates will be considered on an as-available basis based on housing availability. Regardless of recommended dates noted on this form, students must apply for housing and complete the housing application process (<https://housing.gmu.edu/apply>). Students are encouraged to complete the housing accommodation request process as soon as possible. Housing is assigned on a first-come, first-serve basis. **Please complete the attached form with your healthcare provider/professional and return it to Disability Services at your earliest convenience.** Questions about the Housing Request process may be directed to Disability Services at [ods@gmu.edu](mailto:ods@gmu.edu) or by contacting Disability Services by phone (703) 993-2474.

**To Be Completed by Student**

1. Complete the housing application process -- <https://housing.gmu.edu>
2. Complete the Disability Services intake process and this Housing Request Form. You may need to explain the purpose of the form to your clinician or diagnosing/treating professional. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so. These professionals are generally trained, certified, or licensed psychologists or members of a medical specialty.
3. Return this form along with any supporting documentation to:

George Mason University – Attn: Disability Services  
4400 University Drive, MS 5C9, Fairfax, Virginia 22030  
Student Union Building I (SUB I), Suite 2500  
Phone: 703-993-2474 | Fax: 703-993-4306

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**Student Information**  
**(Please Print Legibly or Type Directly into Form)**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ G#: \_\_\_\_\_

Status:     Current Student     Transfer Student     Prospective Student

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

Mason Email Address: \_\_\_\_\_@gmu.edu

Personal Email Address: \_\_\_\_\_

This housing request is for:     Fall     Spring     Summer    Year: \_\_\_\_\_

Incoming Freshman

Freshman

Current Academic Level:     Sophomore    Are you a transfer student?     Yes     No

Junior

Senior

Do you have a Health Record on file with Student Health Services?     Yes     No

**Describe Your Housing Request** (check all that apply):

- Modified equipment for deaf or hard of hearing persons (e.g., fire alarms)
- Wheelchair accessible Residence Hall
- Avoid stairs and/or must be on a lower level/have elevator access
- Wheelchair accessible shower
- Lowered closet rods
- Shower seat
- Handheld shower head
- Single room
- Other:

**Explain how your request relates to your medical condition or disability:**

To be complete, requests must include your signature affirming agreement and clear responses to the items above. Students seeking special housing modifications or accommodations are encouraged to return a completed Housing Accommodation Request Form to Disability Services as soon as possible.

The signature below indicates that you agree that any information relevant to this request may be reviewed by appropriate University staff in evaluation and in any subsequent provision of accommodations.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**To Be Completed by Healthcare Professional**

Provide information addressing the separate items listed below by filling out this form. You may also provide a printed narrative on your official letterhead. If using this form, please complete as thoroughly as possible. Inadequate information, incomplete answers, and/or illegible handwriting may delay the eligibility review process by necessitating follow-up contact for clarification. If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Please provide a narrative report that explains the results if submitting case notes or rating scales.

Student Name: \_\_\_\_\_

Date last seen: \_\_\_\_\_

Impairment/Diagnosis (If applicable, include date of diagnosis and DSM-5/ICD-10 codes):

Relevant patient/client history:

Additional psychosocial and contextual factors:

How was the impairment/diagnosis determined?

- Structured or unstructured interviews with the student
- Interviews with other persons
- Behavioral observations
- Developmental History
- Educational History
- Medical History
- Neuropsychological testing (dates of testing) \_\_\_\_\_
- Psycho-educational testing (dates of testing) \_\_\_\_\_
- Standardized or non-standardized rating scales
- Other (please specify): \_\_\_\_\_

How would you categorize this condition in terms of severity? Please check only one and explain below.

Minimal       Moderate       Severe       Residual/Remission       Other: \_\_\_\_\_

The condition is:     Stable               Prone to exacerbation       Other: \_\_\_\_\_

Duration of impairment/diagnosis is:                       Permanent                       Temporary

Note Duration: \_\_\_\_\_ **or** Re-Evaluation Date: \_\_\_\_\_

Indicate major life activities that are affected because of the impairment and severity of those limitations. This list is not exhaustive and additional life activities can be added at the bottom of this chart.

Life Activity	Negligible	Moderate	Substantial	Don't Know	N/A
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing External Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Internal Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Housing Accommodation Request Form (Rev. Aug 2022)**

<b>Life Activity</b>	<b>Negligible</b>	<b>Moderate</b>	<b>Substantial</b>	<b>Don't Know</b>	<b>N/A</b>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, list any medications, treatments, and assistive services/devices currently prescribed:

Is this student currently receiving therapy or counseling?     Yes     No     Not Sure

Please describe the anticipated progression or stability of the impact of the condition or disability over time, particularly the next 5 years:

The condition or disability described above is:

Permanent/Chronic     Long-term (6-12 mo.)     Short-term/Temporary (6 mo. or less)

Please list any recommendations for housing modifications or accommodations and indicate how these modifications of accommodations would mitigate the substantial functional impact of the condition or disability. If relevant, you may also choose to address issues concerning impact on academic performance, social, and emotional well-being as well as the relationship of recommendations to the treatment plan and any negative impact that might result if accommodations are not provided. Use additional sheets as needed.

**I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.**

Healthcare Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Professional Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

License or Certification #: \_\_\_\_\_

Address:

Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_