



Mercyhurst University is committed to providing equal opportunities for all students in accordance with applicable laws including the ADA and Section 504 of the Rehabilitation Act. Mercyhurst is a residential campus that requires its students to live in community as outlined by its housing policy. The university recognizes that, in some cases, accommodations may be necessary and has procedures in place to consider exceptions to its housing policies. The university will provide comparable, convenient, and accessible housing to students with disabilities at the same cost as to others.

The university requires supporting documentation from an appropriately licensed professional that outlines how a special housing assignment supports your medical needs/disability. A diagnosis of a medical condition/disability in and of itself does not automatically qualify a student for a special housing assignment. Private rooms are generally not provided as an accommodation if the accommodation can be provided in another way.

The Director of Equal Opportunity Programs (DEOP) and Residence Life (RL) work closely together to identify appropriate and available housing solutions for students with documented disabilities and serious medical conditions. Students requesting special accommodation must complete and submit this form in order to receive consideration.

Please note that any accommodations provided pertain to the student requiring the accommodation and not to any associated roommate(s).

**New Students:** Please submit your request no later than May 31<sup>st</sup>.

**Returning Students:** This form needs to be completed and returned by March 31<sup>st</sup>. Updated documentation should be submitted annually.

Once all documentation has been submitted in support of the accommodation request, it will be forwarded to the Residence Life Office for a determination. The Residence Life Office will issue a determination regarding the accommodation request within approximately 10 business days from the date the resident submits the required documentation.

For any accommodation request that is denied, or when a student has been given an alternate accommodation that is perceived to be inadequate, a student may appeal that decision to Alice Agnew at [aagnew@mercyhurst.edu](mailto:aagnew@mercyhurst.edu). We will make every effort to address appeals in a timely manner.

Sincerely,

Alice Agnew  
Director of Equal Opportunity Programs  
814-824-2362  
[aagnew@mercyhurst.edu](mailto:aagnew@mercyhurst.edu)



PLEASE PRINT CLEARLY. To be completed by the student.

I. Name (Last, First, Middle): \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Classification (Please check one):  
 Incoming Freshman       Transfer       Returning Student       Other (Please explain): \_\_\_\_\_

II. I am requesting (check all that apply):  
 First floor handicapped accessible room/building  
 Permission to bring an air conditioning unit  
 Single room  
 No carpeting  
 Kitchen area for cooking  
 Request to live off campus  
 Other (please explain): \_\_\_\_\_

III. Relevant diagnosis/medical condition/disability: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Explain how the accommodations you are requesting will assist your living situation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IV. The information I have provided is accurate to the best of my knowledge. By signing, I give my consent for Mercyhurst University to contact my treating professional for additional information as needed. I understand this information I have provided will be reviewed and placed in my permanent housing file.

I understand the Federal Education Rights and Privacy Act of 1974, and I indicate below the individual(s) with whom I authorize Mercyhurst University to discuss this accommodation.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

I also understand that I may revoke this consent at any time (via written request) except to the extent that action has already been taken upon this release.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to:

The Residence Life Office, 322 Egan Hall, Mercyhurst University • 501 E. 38<sup>th</sup> St., Erie, PA 16546 • Phone: 814-824-3610 • Fax: 814-824-3063



PLEASE PRINT CLEARLY. To be completed by the clinician/health care provider.

The university requires supporting documentation from an appropriately licensed professional that outlines how a special housing assignment supports the medical and/or psychological need of a student. This form has been designed to simplify the process. Please be aware that a diagnosis of a medical and/or psychological condition in and of itself does not automatically qualify a student for a special housing assignment.

STUDENT NAME: \_\_\_\_\_

I. Name of disability/disorder/health condition: \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_ Does the condition significantly limit major life activity?  Yes  No

Please explain how the major life activity is ameliorated or eliminated by any treatment or medication being given to this student:

\_\_\_\_\_  
\_\_\_\_\_

List current medication(s), dosage, frequency, adverse side effects (if any) and potential impact on housing:

\_\_\_\_\_  
\_\_\_\_\_

Describe severity of condition and its probable impact on the student's living situation at Mercyhurst:

\_\_\_\_\_  
\_\_\_\_\_

Please describe housing accommodations needed based on functional limitation(s) caused by the student's specific disability/disorder/illness:

\_\_\_\_\_  
\_\_\_\_\_

Please assess if the student is at risk in event of an emergency evacuation (for example, fire):

\_\_\_\_\_

II. CERTIFYING MEDICAL PROFESSIONAL

This information will be reviewed and accommodation decisions made in accordance with the policies of Mercyhurst University.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

License Number: \_\_\_\_\_ Email: \_\_\_\_\_

Return this form to:

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