



# Housing Accommodation Request

The Office of Disability Services  
General Technology Building, Room B105  
419-559-2200 (Phone)  
419-333-8017 (Fax)  
[DisabilitiesServices@terra.edu](mailto:DisabilitiesServices@terra.edu)

## Housing Accommodation Requests

### Purpose

Terra State Community College is committed to providing equal access to campus housing for students with disabilities. In accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973, the College will consider reasonable housing accommodations for students whose disabilities substantially limit one or more major life activities and require adjustments to campus housing.

### Scope

This policy applies to students requesting disability-related accommodations within Terra State housing. The **Office of Disability Services** works in collaboration with the Housing Office to review and determine appropriate housing accommodations.

### Policy Statement

Housing accommodations are determined through an interactive review process based on the student's documented disability-related needs. Accommodations are provided when they are reasonable, necessary to provide equal access to housing, and do not fundamentally alter housing operations or create an undue administrative or financial burden.

A diagnosis alone does not automatically qualify a student for a housing accommodation. Documentation must demonstrate the functional limitations related to the disability and explain why the requested accommodation is necessary.

### Important Notes

- This policy does not replace or override other housing policies or procedures.
- Approval of a housing accommodation does not guarantee a housing assignment.
- Students must meet all housing eligibility requirements and complete the standard housing application and room selection process as outlined in the Student Handbook.

### Required Documentation

Students requesting a housing accommodation must submit:

- **Housing Accommodation Request Form** (completed by the student)
- **Housing Accommodation Verification Form** (completed by a licensed healthcare provider)

### Procedure

1. **Submit Request**  
The student submits the completed Housing Accommodation Request Form to the Office of Disability Services and asks their licensed healthcare provider to complete the Housing Accommodation Verification Form.
2. **Documentation Review**  
The Office of Disability Services will review submitted materials and notify the student if additional information or clarification is needed.
3. **Accommodation Determination**



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Once all documentation is received, a Housing Accommodation Review Team—typically including representatives from Residence Life, and Student Accessibility Services—will review the request and determine whether a reasonable housing accommodation can be provided.

4. **Notification of Decision**

The Housing Office will notify the student in writing of the outcome of the request. Notifications will be sent to the student's Terra State email account.



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## Student Information

To Be Completed by the Student (Please Print Legibly or Type)

First Name:	_____	Last Name:	_____
Date of Birth:	_____	Student ID #:	_____
Phone:	_____	TSCC Email:	_____
Street Address:	_____		
City:	_____	State:	_____
		Zip:	_____

Housing Accommodation is requested for:      Fall      Spring      Summer      Year 20\_\_\_\_ / \_\_\_\_

Please describe the housing accommodation your are requesting:

Please explain how the accommodation request relates to your disability/medical condition, or impairment:

Do you need an emergency evacuation plan due to your disability:      Yes      No

Are you requesting an assistance animal:      Yes      No

Type of Animal: \_\_\_\_\_ Age of Animal: \_\_\_\_\_

*By signing this request form, the student agrees that any information/documentation provided in conjunction with this request can be reviewed by appropriate College staff as part of the housing accommodation review process. In addition, the student agrees to grant permission to the licensed physician, psychiatrist, psychologist, or social worker to share information requested by College staff.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Supporting educational, medical and or psychological documentation should be attached and returned to:**  
The Office of Disability Services, General Technology Building, Room B105, 2830 Napoleon Rd, Fremont, OH 43420.  
419-559-2200 (Phone). 419-333-8017 (Fax). [DisabilitiesServices@terra.edu](mailto:DisabilitiesServices@terra.edu). Please return this form to our office as soon as possible so this student may receive support from our program. If you have any questions, please call 419-559-2200.