

**NWOSU HOUSING  
ACCOMMODATIONS  
PACKET**

## Disability-Related Request for University Housing Accommodation

The following packet is designed to gather the necessary information to accommodate students who have disability-related needs that may impact their on-campus housing. Once a student has documented a disability with the Office of the Dean of Students, they are then eligible to complete this NWOSU Housing Accommodations packet.

*It is illegal to acquire certifications that are knowingly fraudulent, misrepresent an animal as an assistance animal, and/or falsify documentation in an effort to seek accommodations that are protected through the ADA and FHA.*

### Application Process:

1. Complete the intake process for students with disabilities through the Office of the Dean of Students
2. Submit the completed NWOSU Housing Accommodations packet to the Office of the Dean of Students
3. Dean of Students and Director of Residence Life & Housing review the NWOSU Housing Accommodations packet
4. The Office of the Dean of Students notifies the student in writing informing him/her to the outcome of the review

### Procedure Statement:

Requests for housing accommodations based on medical, psychological or other disability-related needs are initiated by completing the NWOSU Housing Accommodations packet and submitting it to the Office of the Dean of Students. Upon submission, students requesting housing accommodations must also formally submit their application for student housing to the Department of Residence Life & Housing. The Dean of Students and Director of Residence Life & Housing will review requests on a case-by-case basis. Decisions are based upon availability of the requested housing arrangement, along with the respective needs of all applicants. Documentation of a disability does not guarantee that requests will be approved.

This request is only for housing accommodations at NWOSU and related to the functional limitations associated with your disability. Please contact the Office of the Dean of Students for additional information concerning any requested academic accommodations, as further documentation will likely be needed for review before such can be provided.

### Complete the following three forms and submit to the Office of the Dean of Students:

1. "Permission for Release of Information" to be completed by the student (or their parent if student is under 18)
2. "Professional Recommendation of Disability-Related Housing Accommodation" and related letter from the diagnosing professional on letterhead
3. "Animal Registration, Certifications & Veterinarian Records" and related vaccination record on letterhead from the licensed veterinarian; photo of the animal

The priority deadlines for submitting the NWOSU Housing Accommodations packet to the Office of the Dean of Students is September 1<sup>st</sup> for the Fall semester and February 1<sup>st</sup> for the Spring semester. Although requests will be accepted at any time, NWOSU cannot guarantee implementation of approved accommodations until the following semester. Failure to meet the priority deadline may mean that the residence hall of choice is not available. Students must re-apply every new academic year for housing accommodation(s). Returning students should inquire with the Office of the Dean of Students to determine if their documentation needs to be updated before completing and submitting their packet.

All requested documentation will be maintained per FERPA guidelines and will only be utilized to determine the student's housing request. The Office of the Dean of Students will maintain the requested documentation and respect the student's privacy at all times.

# Permission for Release of Information

This form is to be completed by the student requesting housing accommodations.

**Student Name:** \_\_\_\_\_ **NWOSU ID:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

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

I understand that to process my NWOSU Housing Accommodations packet, the following departments of Northwestern Oklahoma State University may communicate regarding my medical, psychological, psychiatric, sociological, or educational information.

Office of the Dean of Students  
NWOSU Counseling Center

Department of Residence Life & Housing  
Auxiliary Services

Other: \_\_\_\_\_

I give permission for NWOSU representatives to contact the diagnosing professional listed above if additional information is required to inform the processing of my NWOSU Housing Accommodations packet.

**(Signature of student if 18 years or older, or signature of parent/guardian if student is under age 18)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return To:**  
**Office of the Dean of Student Affairs and Enrollment Management,**  
**709 Oklahoma Boulevard Alva, OK 73717,**  
**or by**  
**email: cnmosburg@nwosu.edu**

## Professional Recommendation of Disability-Related Housing Accommodation

Student Name: \_\_\_\_\_ NWOSU ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Diagnosing Professional:	
Title of Diagnosing Professional:	
Address:	
Office Phone:	Office Fax:

**In addition to this form, students must submit a letter from the licensed professional listed above ON LETTERHEAD. Letters from a diagnosing professional must include:**

1. Statement of the diagnosed disability, including diagnostic criteria used, original date of diagnosis, and date of the most recent evaluation
2. Current impact on major life activities and functional limitations resulting from the disability
3. Date of first clinical contact with the student
4. Statement of the recommended housing accommodations (i.e. emotional support animal) including how the accommodation(s) addresses functional limitations associated with the student's disability
5. The diagnosing professional's credentials and signature

*Documentation will NOT be accepted if it includes a diagnosis as the only justification for accommodation, forms completed by someone related to the student or employed by the University, and/or letters written by professionals whose expertise is outside the scope of the disability.*

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**email: [cnmosburg@nwosu.edu](mailto:cnmosburg@nwosu.edu)**

# Animal Registration, Certifications & Veterinarian Records

This form is required only for those requesting an emotional support animal as a housing accommodation.

Student Name: \_\_\_\_\_ NWOSU ID: \_\_\_\_\_

## Emergency Contact for the animal (cannot live on campus):

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The following is to be completed by a licensed veterinarian.

## Animal Information:

Animal's Name:		Breed:
Birthdate:	Spay / Neuter Date:	Gender:
Color / Special Markings (must also provide current color photo of animal):		
Weight:	Chip or ID Tag #:	
Certifications (if applicable):		

## Office Information:

Vet Clinic Name:	Name of Veterinarian:	
Vet Address:		Phone:
Medical Conditions / Medications for Animal Above:		

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In addition to this form, please provide ON LETTERHEAD the most recent immunization records for the animal listed above, as well as your professional credentials and signature.

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