



Housing Accommodation Request Packet

Loyola University New Orleans is committed to offering housing options that are appropriate and beneficial to each member of our community. In order to ensure that we are offering appropriate accommodations, we require all specific accommodation requests to be accompanied by diagnostic information from a licensed health care professional. *The diagnosing or reporting professional may not be a relative of the requesting student.* The professional should be familiar with the student's history and with the functional limitations and/or requirements associated with the reported condition.

Please read the following instructions carefully:

1. The student (you) must complete this sheet, which contains basic personal information concerning you and the nature of your Housing Accommodation Request.
2. A licensed health care professional must complete the attached Health Care Provider Statement form, providing sufficient background and diagnostic information that the Director of Counseling and Health Services or her designee may verify the need for the requested accommodation.
3. Finally, return the completed packet to the Director of Counseling & Health Services:

Mail- Attn: Dr. Alicia Bourque Tel: (504) 865-3835
6363 St. Charles Ave. Fax: (504) 865-2382
Box 200
New Orleans, LA 70118

Student to Complete this Page. Print Clearly or Type.

Name: _____ CWID: _____ Date: _____

Email: _____ Cell #: _____ Gender: _____

Perm. Address: _____ Curr. Address: _____

City, State Zip: _____ City, State Zip: _____

Class Standing: FR _____ SO _____ JR _____ SR _____ GRAD _____ LAW _____ OTHER: _____

Housing Accommodation Request

Time Period of Your Request:
(Enter the applicable Year)

Specific Nature of Your Request:
(To be substantiated by attached forms)

- Fall/Spring _____
- Spring Only _____
- Summer _____

- Single Occupancy Bedroom (Note: Room may be in a shared suite/apt.)
- Wheelchair Accessible Room
- Visual Warning/Fire Alarm
- Room for Full-Time/Live-In Attendant
- Other (Please Explain): _____



Health Care Provider Statement

Student Complete:

Student Name: _____ CWID: _____ Date: _____

Licensed Health Care Provider to Complete this Section.

To determine eligibility for certain on-campus housing accommodations, Loyola University New Orleans requires current documentation demonstrating the student’s legitimate medical need. Documentation must be provided either by a licensed health care provider or by the appropriate professional staff member from one of Loyola’s assistance/advocacy offices. The person completing this form must be licensed and may not be related to the student.

Please provide the requested information below in a separate report on letterhead. Return this form and attached report to the student/patient for submission to Loyola’s Director of Counseling & Health Services:

- 1. Describe the student’s diagnosis or condition, including its duration and severity.**
- 2. Describe any symptoms related to this condition that are likely to create difficulty for this student in a residence hall environment.**
- 3. List any prescribed medications directly related to this request, and possible negative side effects that may arise from their misuse (i.e., missed dose, alcohol or other drug interactions, etc.).**
- 4. State your specific recommendations regarding this student’s college residence hall housing that, if provided, would significantly improve this student’s medical well-being and likelihood for success in a college environment.**
- 5. If current treatments (i.e., medication, rehabilitation, etc.) have been implemented successfully, why are the above recommended housing accommodations necessary?**

Information about the Health Care Provider:

Please print clearly or type

Name: _____ Title: _____

State & Country of License: _____

Address _____
Street

City State Zip

Telephone #: _____ Fax: _____

Signature: _____ Date: _____