



Disability Accommodation Request Form for University Housing

Section 504 of the Federal Rehabilitation Act (1973), the Americans with Disabilities Act (1990, 2008), and the Housing and Urban Development (HUD) Fair Housing Act (1968, 1988, 2020) require that colleges and universities do not discriminate against otherwise qualified applicants and students with documented disabilities. Lakeland University recognizes the importance of providing reasonable accommodations in its housing policies and practices where necessary for individuals with disabilities to fully participate in the housing program.

Lakeland University will accept and consider requests for reasonable accommodation in University housing at any time. The individual making the request for accommodation should complete and provide the Disability Accommodation Request Form for University Housing to Disability Services as soon as practicably possible before moving into University housing. However, if the request for accommodation is made fewer than 60 days before the individual intends to move into University housing, Lakeland University cannot guarantee that it will be able to meet the individual's accommodation request during the first semester or term of occupancy.

Please complete this form and return it to the Disabilities Office by mail, email, or facsimile.

Disabilities Office
Attn. Karen Eckhardt, ADA Coordinator
Hayssen Academic Resource Center
W3718 South Drive
Plymouth, WI 53073

Phone: 920-565-1021 ext. 2115
Email: EckhardtKL@lakeland.edu
Fax: 920-565-1068

Name of Student: _____ Lakeland University ID# _____

I am a Current or Prospective student at Lakeland: _____



1. Please describe the housing accommodation you are requesting:

2. Please identify your disability and why you believe the housing accommodation is necessary to mitigate the symptoms of your disability:

3. What other treatments and ongoing care are you receiving as it pertains to your disability?

4. Have you received prior housing accommodations either at Lakeland or another college/university? Please describe.



In circumstances where either your disability and/or requested accommodation is not obvious, you must provide verification from a reliable third-party (e.g., a physician or other medical professional) establishing that you have a disability and that the accommodation is necessary to provide you an equal opportunity to use and participate University housing. Please identify the person that can provide such verification.

Name: _____

Title: _____

Address: _____

Telephone: _____

Signature of Student: _____

Date _____

This signature authorizes the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and participate in University housing.