

**PROCESS INFORMATION**

Jackson State University is committed to providing equal opportunity to all of its programs, activities, and services, and in compliance with the Americans with Disabilities Act (ADA) as amended in 2008, Section 504 of the Rehabilitation Act of 1973, and the Fair Housing Act (HUD). University housing provides accessible housing for a student with a disability as defined by these laws. The student must provide documentation from a licensed, qualified professional that substantiates that the student has a physical or mental impairment that substantially limits a major life activity and that the requested accommodation is necessary to afford the student equal access. A student who requires a Service Animal or an Assistance Animal should complete the appropriate request form that is available at [www.jsu.edu/disability](http://www.jsu.edu/disability).

The **Request for Reasonable Accommodation in University Housing** form will be reviewed by Accessible Education and Resource Center staff, who will make the determination as to the validity of the request. **The student will be informed of the final determination by email within 1-2 weeks after the initial submission of paperwork.**

- **The student must have an accepted Housing and Residence Life (HRL) Contract before submitting a Request for Reasonable Accommodation form.** The request will not be processed if the student does not have an HRL Contract.

- A Request for Reasonable Accommodation **may be submitted at any time**, but for HRL Contract preferences (housing area, roommate) to be considered for assignment, the following deadlines apply:  
**Summer Session: May 1      Fall Semester: July 15      Spring Semester: December 1**

The reasonable accommodation will supersede any preferences indicated on the HRL Contract. If the Request for Reasonable Accommodation is received *after* room assignments are posted, the University reserves the right to reassign the student to a space that will meet the accommodation required due to a disability. Reassignments will only accommodate the student requiring the accommodation and not any requested roommate(s).

- **The reasonable accommodation immediately takes effect once the determination is made, based on space available.** Paperwork cannot be submitted for future semesters without addressing the current assignment, and a request to hold a reassignment will not be honored.

*Name / Student ID #* \_\_\_\_\_

**STUDENT INFORMATION – completed by student**

Student Name \_\_\_\_\_ J-Number \_\_\_\_\_  
JSU Email \_\_\_\_\_  
Address \_\_\_\_\_  
Home Address \_\_\_\_\_ Local Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Local Address \_\_\_\_\_

**REQUIRED**

I have read the Instruction page of this document, and understand that the determination will be effective immediately.

If I am submitting my request **after** the deadline date, I understand that the following may occur:

1. My roommate preferences may not be considered.
2. If room assignments have been completed, I could be moved to a room that will meet my disability need without my prospective or current roommate.
3. If I am interested in a room change during the contracted period, I will be limited to rooms that can accommodate my disability need.
4. I understand that once a determination is made, my room assignment will be updated immediately, and that the determination cannot be held for future semesters.

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

**Date** \_\_\_\_\_

Name / Student ID # \_\_\_\_\_

**STUDENT HEALTHCARE SECTION – completed by the healthcare provider**

Student Name \_\_\_\_\_

J-Number \_\_\_\_\_

To properly evaluate how Jackson State University can best meet the student’s need for reasonable accommodations in University housing, the University requires specific diagnostic information from a licensed clinical professional or health care provider that is familiar with the history and functional limitations of the student’s physical or psychological condition(s).

The provider completing this form cannot be a relative of the student. The provider should respond to all questions with detailed information. Additional related information may be attached. Illegible forms will not be processed.

<p><b>1. Does the student who you have individually examined and treated have a physical or mental impairment that substantially limits one or more major life activities?</b></p> <p> <input type="checkbox"/> NO  <input type="checkbox"/> YES: Describe what major life activities are impaired:         </p>
<p><b>2. State the specific housing accommodation(s) that you believe this student requires:</b></p>
<p><b>3. Describe how the student’s medical or psychological condition necessitates/warrants this accommodation request:</b></p>
<p><b>4. When was the last attended appointment with you?</b> _____</p>
<p><b>5. How long have you directly treated this student for his/her condition(s)?</b> _____</p>
<p><b>6. If the student disability requires a re-evaluation in the future to qualify for this accommodation, what is the timeframe of this accommodation?</b></p> <p>Start Date: _____ to End Date: _____</p>

Name / Student ID # \_\_\_\_\_

**HEALTHCARE PROVIDER INFORMATION – completed by healthcare provider**

I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name \_\_\_\_\_ License Number \_\_\_\_\_

Provider Title \_\_\_\_\_ Provider's Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please explain your qualifications to provide a recommendation for housing accommodation for this student:

**COMPLETED FORM SUBMISSION**

The completed Request for Reasonable Accommodation in University Housing should be submitted to the Accessible Education and Resource Center.

Via Mail:  
Accessible Education and Resource Center  
1400 John R. Lynch St.  
Box 17156  
Jackson, MS 39217

Via Fax:  
601.979.9228

Via Email:  
adaservices@jsums.edu