

**Xavier University of Louisiana  
Office of Disability Services**

**Housing Documentation Request Form**

*This form must contain ALL the requested information and be printed or typed in order to apply for accommodations through the Office of Disability Service (ODS).*

Name (Print) \_\_\_\_\_ Today's Date \_\_\_\_\_

XU ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Phone # \_\_\_\_\_

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

**I hereby understand and authorize the appropriate qualified professional to release to Xavier University of Louisiana's Office of Disability Services any pertinent information from my records related to the request below. Housing accommodations will be considered once all current documentation has been submitted.**

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

\_\_\_\_\_  
Date

**TO BE COMPLETED BY AN APPROPRIATE QUALIFIED PROFESSIONAL**

---

The above-named student has requested housing accommodations for a disability at Xavier University of Louisiana (XULA). Office of Disability Services (ODS) is attempting to determine whether this student has a condition or combination of conditions that constitute a disability, and whether the disability causes limitations for which the student needs reasonable accommodation(s). Documentation will assist ODS in understanding how the disability impacts the student in the residence halls and the current impact of the condition(s) as it relates to the housing request.

Documentation and all relevant information must be completed or provided yearly by an appropriate qualified professional such as a treating or diagnosing health or mental health professional. Documentation completed by a family member is not acceptable. For psychological disabilities, evaluation and documentation should be within the last six months and updated yearly. All documentation will be evaluated on a case-by-case basis.

**Single Room Accommodations:**

Requests for a single room as an accommodation based solely on a desire to have a "quiet, undisturbed place to study" or as a need for a "reduced distraction environment" will not be granted. By virtue of the shared facilities, resources, and number of people living under one roof, it is unrealistic to assume that a private room would provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room.

**1. Diagnosis:** \_\_\_\_\_ **Date of Diagnosis** \_\_\_\_\_

**Permanent or Temporary?** Ending Date \_\_\_\_\_ (Accommodations are not needed after this date)

**How does this condition impact the student's physical and/or cognitive function?** *You must state the specific diagnosis, terms such as "suggest" or "is indicative of" are not acceptable.*

---

---

---

---

Student's Name \_\_\_\_\_ XU ID# \_\_\_\_\_

**2. What is the evidence supporting the diagnosis (es)?** *Please provide a copy of any test results supporting the diagnosis (es) (i.e. audiogram/vision report, psycho- educational evaluation, etc.) or other information used to reach the diagnosis.*

---

---

---

---

**3. How long has the student experienced this condition and what is the expected duration?**

---

---

---

---

**4. What is the impact of the condition in the living environment? And what is the severity of that impact (mild/moderate/severe) please explain.**

---

---

---

---

**5. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate services to equalize the student's educational opportunities to address the functional impact you have specified?** *Please provide us with an indication of the level of need for the accommodation(s) (and the consequences of not receiving it).*

---

---

---

---

---

*Please attach any other information (evaluations) relevant to the student's current condition and supports the student's request for a housing accommodation at Xavier University of Louisiana.*

Qualified Professional's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

*Please return this form directly to:*

**Xavier University of Louisiana Office of Disability Services**  
**1 Drexel Drive Box 180 New Orleans, LA 70125 Phone: (504) 520-7607 Fax: (504) 520-7917**