Otterbein University considers residence life an integral part of a student’s development. Residence Life is committed to providing successful residence hall experiences for all students, including those with documented disabilities. The Director of Residence Life and the Disability Services Coordinator collaborate to determine the most appropriate housing accommodations. Accessible housing and exceptions to housing requirements are considered carefully and on a case-by-case basis.

Students may submit a request for accommodation in their residence halls which includes verification of the substantially limiting condition from their physician or other diagnosing professional such as a psychiatrist or psychologist. Housing accommodations can include:

- Air conditioning
- Wheelchair accessible room and bathroom
- Flashing fire alarms
- Visual door knocker
- Reduction of number of roommates
- Private room with shared bath
- Private room with attached bath
- Uncarpeted rooms

A single room request for the purpose of obtaining a reduced distraction study environment will not be approved. A communal living environment can be very distracting and students are encouraged to find other places to study outside the residence hall such as the library.

Procedure for requesting housing accommodations:

1. All students seeking to live on-campus must complete an “Entering Student Housing & Board Information Form” and submit it to Tracy Benner, Director of Residence Life. Returning students must sign up for the appropriate type of housing by completing the required applications by the deadline on those applications.

2. Complete and submit “Housing Accommodation Request Form”

3. Submit completed physician/diagnosing professional “Verification of Disability-Related Need for Housing Accommodation”

Both the “Housing Accommodation Request Form” and the “Verification of Disability-Related Need for Housing Accommodation” forms must be received by the Disability Service Coordinator by the deadline listed below. All requests for accommodations received after the date listed for the appropriate class year/housing location will be considered on the basis of available accessible rooms.

**Deadlines for Housing Accommodation Request Submissions**

- January 30 – Commons Apartments (students with at least 85 credit hours)
- April 17 – Suite-style and Traditional residence halls (returning students)
- June 5 – Incoming students including transfers and first year students
Otterbein University
Office of Residence Life

HOUSING ACCOMMODATION REQUEST FORM
Student Statement

Name: ______________________________________________ Student Id #: ________________________

Home Address:____________________________________________________________________________

Home Phone: _________________________________ Cell Phone:__________________________________

E-Mail Address: ___________________________________________________________________________

Year in school: Freshman Sophomore Junior Senior

Please list specific housing accommodation requests:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Specify the medical or psychological disability and how it impacts you in a student housing situation.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Student’s Signature: _____________________________________________________________________ Date:___________________________

Return to:  Kera McClain Manley
Disability Services Coordinator
Otterbein University
One Otterbein University
Westerville, OH 43081
Phone: 614-823-1618
FAX: 614-823-1983
Otterbein University
Office of Residence Life

VERIFICATION OF DISABILITY-RELATED NEED
FOR HOUSING ACCOMMODATION

To be completed by student:

Student Name:________________________________________ Student ID#:_____________________
Cell Phone:_________________________________________ D.O.B.:___________________________
Home Address:_________________________________________________________________________

To be completed by diagnosing professional (please type or print legibly):

1. What is the diagnosis and date of last contact with student?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

2. What is the date of the most recent evaluation?
________________________________________________________________________________________

3. Please state diagnostic criteria and/or tests used.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

4. Is the student currently under your care?
________________________________________________________________________________________

5. What is the expected duration of this condition?
________________________________________________________________________________________
________________________________________________________________________________________

6. Please describe current treatments and/or medications currently prescribed.
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

7. Do the current medications and/or treatments mitigate the functional impact of the condition?
________________________________________________________________________________________

8. What major life activity (e.g. walking, seeing, hearing, breathing, self-care) does the condition substantially limit?
________________________________________________________________________________________
________________________________________________________________________________________
9. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

10. Describe the current impact of the condition, including the negative health impact that may result if housing accommodation request is not met.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

11. How does the disability impact the student’s ability to function effectively in the residence hall?

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

12. Please state specific recommendations regarding housing accommodations for this student, as well as rationale as to why these accommodations are warranted based upon the current impact of the disability.

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Signature: _________________________________ Date: __________________

Print name and title: ________________________________________________________________________

Address: ______________________________________________________

__________________________________________________________________________________________

Telephone: ________________________________________________

Please return to: Kera McClain Manley  
Disability Services Coordinator  
Otterbein University  
One Otterbein University  
Westerville, OH 43081  
Phone: (614) 823-1618  
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