



TEXAS TECH UNIVERSITY

## Student Disability Services™

# Request for Housing and Dining Accommodations

**NOTE: If requesting an ESA accommodation, click [here](#) for the correct form.**

*This page to be filled out by the student seeking the accommodation. Single room requests are subject to availability and not guaranteed.*

Name \_\_\_\_\_ R# \_\_\_\_\_

I am requesting the following **HOUSING** accommodation:

1 - Housing request for a single room:  Yes

2 - **Other** Housing request: \_\_\_\_\_

3 – Medical Hardship Off-Campus Request:  Yes

*A student who presents sufficient evidence of an extreme medical condition, as documented by his/her treating physician for which on-campus accommodations cannot reasonably be made, may be eligible to apply for this accommodation. In most cases, students with special medical needs can be accommodated on campus by changing rooms or halls, or by providing dietary consultation.*

I am requesting the following **DINING** accommodation:

*Please specify what type of alteration to the dining plan is needed. Information on dietary options available on campus, can be found here: <https://www.depts.ttu.edu/hospitality> under the **Smart Choices Wellness Program** tab. You can also contact the Campus Dietician, Mindy Diller at [mindy.diller@ttu.edu](mailto:mindy.diller@ttu.edu).*

I authorize Texas Tech University Student Disability Services to receive documentation and speak to my current, licensed clinical professional or health care provider, \_\_\_\_\_  
Print Name of Medical Provider

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information for Students seeking accommodations and Medical Providers:**

*Student Disability Services at Texas Tech University complies with all federal and state disability laws to ensure equal access for qualifying persons with a disability to educational programs, services, and activities.*

*Please complete this form to assist Student Disability Services in determining appropriate and reasonable disability accommodations. To be considered for a housing, medical hardship, or dining accommodation due to a disability, Texas Tech University requires documentation of the student's current condition from the treating licensed clinical professional or health care provider. This provider must be thoroughly familiar with the student's condition and functional limitations and must make a direct connection to the requested accommodation based on the student's current functional limitations. This provider may not be a relative of the student. Please complete this form in total. Additional paperwork may be attached if the space provided is inadequate.*

*All documentation submitted to Student Disability Services is considered confidential. Student Disability Services may share eligibility information with appropriate University staff in order to process the request. Specific medical information will not be shared with any other University personnel.*

**Information will be processed in a timely manner, usually within 10 business days or less.**

**Student: Please return this form (both pages) to: Texas Tech University Student Disability Services  
130 Weeks Hall or by email to [sds@ttu.edu](mailto:sds@ttu.edu)**

This page to be completed by the student's primary health care provider or treating licensed clinical professional. **Student's Name:**

Print Name and Title: \_\_\_\_\_  
 Credentials: \_\_\_\_\_ Specialty: \_\_\_\_\_  
 State of License: \_\_\_\_\_ License #: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 I certify that I conducted or formally supervised and co-signed the diagnostic assessment of this student.  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Date of Initial Contact with Student: \_\_\_\_/\_\_\_\_/\_\_\_\_.
2. *Specific Diagnosis/Disability*: Please list all relevant diagnoses, including DSM-IV or ICD Diagnoses (**text and code**), and Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_  
 \_\_\_\_\_

3. Procedure/assessment used to diagnose this condition: (Attach copies of results if needed)

\_\_\_\_\_

4. Current Severity of Symptoms *and* Prognosis of Condition/Disorder:

- |                                   |                               |
|-----------------------------------|-------------------------------|
| <input type="checkbox"/> mild     | <input type="checkbox"/> good |
| <input type="checkbox"/> moderate | <input type="checkbox"/> fair |
| <input type="checkbox"/> severe   | <input type="checkbox"/> poor |

5. Date of last office visit with Student: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Prescribed treatment or medications:

\_\_\_\_\_  
 \_\_\_\_\_

7. Describe symptoms related to the student's condition that cause significant impairment in a major life activity. Include how this limitation affects the student's ability to participate in student life.

\_\_\_\_\_  
 \_\_\_\_\_

8. State specific recommendations regarding housing/dining, and rationale based upon the student's condition. Indicate why/how the recommended change(s) to the environment are necessary. Recommendations must be clearly linked to functional limitations of the student's condition.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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Thank you for completing this document.