HARVARD LAW SCHOOL | ACCESSIBILITY SERVICES

REQUEST FOR HOUSING ACCOMMODATIONS

Instructions:

This form is to be used for students requesting accommodations from Harvard Law School (HLS) Housing or Harvard University Housing (HUH) only. Students who are requesting Harvard University Housing (HUH) should also visit http://www.huhousing.harvard.edu/ProspectiveResidents/faq.aspx for additional information about requesting housing through HUH. Students requesting to live off-campus do not need to complete this form.

The attached Statement from Medical Provider form should be completed by your current doctor or treating practitioner. A detailed letter or documentation currently on file with Accessibility Services may also stand in lieu of the form. Documentation will be reviewed and reasonable accommodations will be determined by Accessibility Services. Documentation must:

a. Satisfy the documentation guidelines for the student's diagnosis type

b. Include information about the accommodations being recommended

c. Provide a rationale for each recommended accommodation

Please note: All students requesting housing accommodations must meet all standard housing procedures, requirements and deadlines.

To be completed by student:

STUDENT INFORMATION

Name: _____ Date: _____

Harvard University ID (HUID): _____ Date of birth: _____

Permanent Address: _____

Local Address: _____

Cell: _____ Home: _____ Other: _____

Harvard Email Address: _____ Alternate Email Address: _____

ACADEMIC INFORMATION

☐ 1L ☐ 2L ☐ 3L ☐ LLM ☐ SJD ☐ Visiting ☐ Other (please specify) _____

Dual Degree (please specify): _____

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REQUESTED ACCOMMODATIONS:

- ☐ Single Room
- ☐ Wheelchair Accessible Unit
- ☐ Semi-private Bathroom (e.g. shared bathroom in an apartment)
- ☐ Private Bathroom
- ☐ Strobe Alarm (flashing alarm)
- ☐ Service or Assistance Animal
- ☐ Proximity to Campus
- ☐ Air Conditioned Unit
- ☐ Furniture Requests (e.g. furniture removal)
- ☐ Other: _____

RELEASE OF INFORMATION:

Student Name: _____Harvard University ID: _____

I give permission to the individual(s) or organization(s) named below to release medical information related to disability or medically- related accommodations to Accessibility Services at Harvard Law School and also to receive information from Accessibility Services.

_____

_____

I agree that:

1. I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization.
2. I may revoke this authorization at any time by notifying Accessibility Services at Harvard Law School. However, such revocation will not affect any actions taken before the revocation was received or actions taken on reliance thereon.
3. I understand that information on file at Accessibility Services is protected under the Family Educational Rights and Privacy Act (FERPA).
4. I understand that my healthcare provider may also have his or her own form that I may need to complete to allow the release of medical information.

Student Signature: _____ Date: _____

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To be completed by the medical professional:

STATEMENT FROM MEDICAL PROVIDER

This form is intended to be used for determining reasonable accommodations for a student requesting disability-related housing accommodations through Harvard Law School (HLS). Please complete the requested information in as much detail as possible. The information obtained will be used for sole purpose of determining reasonable accommodations. A signed consent has been completed and is on file at Accessibility Services at Harvard Law School. Please feel free to contact accessibilityservices@law.harvard.edu or 617-495-1180 with any questions.

Student Name: _____ Date of Birth: _____

A. Provider's Information

Medical Professional's Name:_____

Certification/Credentials: _____

State Licensure and Number:_____

Agency or Institution Name: _____

Address: _____

Telephone:_____

Signature: _____ Date: _____

B. Diagnostic Information

Specific diagnosis(es) related to the requested accommodations: _____

_____

_____

_____

Date of diagnosis or date of onset:_____

Most recent evaluation or visit: _____

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How long is this condition likely to exist? _____

Please describe the student's functional limitations: _____

_____

_____

_____

_____

How does the student's functional limitations impact their housing needs? _____

_____

_____

_____

_____

Please list any current medications and potential side effects related to the functional limitations:

_____

_____

_____

Please list the recommended housing accommodation(s) and rationale for the recommended accommodations:

_____

_____

_____

_____

_____

_____