



# WEST LIBERTY UNIVERSITY

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Office of Housing & Student Life  
208 University Drive  
CUB #128  
West Liberty, WV 26074

Office: (304)336-8345  
Fax: (304) 336-8385  
Email: [residencelife@westliberty.edu](mailto:residencelife@westliberty.edu)

## Housing Accommodation Request Form

Dear Student:

This documentation will assist you in the process to request accommodations for WLU residential facilities. Please read the following information carefully before having the documentation completed by your treating physician/clinician.

West Liberty University is committed to providing all registered students with access to all educational and student life settings. The Office of Housing & Student Life works with the Learning and Student Development Center and Student Health Services Office to meet the various needs of our students. We will evaluate the documentation received in order to make appropriate recommendations for accommodations.

In addition to this documentation, you may also be required to provide other pertinent documentation from the appropriate parties depending on the accommodation request. For example, if your request is for an emotional support animal or service animal, you may be required to submit veterinarian documentation on vaccinations.

In order to help with processing, the accommodation request in a timely manner, please be sure to submit the documentation as early as possible in your application process. Additionally, remind your physician/clinician to be specific and detailed in completing this form. If your requirement is for an apartment or private room, you will also be responsible for the appropriate fees for the apartment or single room rates. All documentation will be kept confidential to the Office of Housing & Student Life, Student Health Services, and the Learning & Student Development Center.

If you have any questions or need additional information, please contact the Office of Housing & Student Life at (304)336-8345.

Thanks,

Marcella T. Snyder  
Executive Director of Housing & Student Life

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

Please have your treating clinician/physician complete and sign this form.

1. Disability/Condition Diagnosis:
  
2. Current treatment, medications, devices or services that are prescribed or used to minimize the impact of the disability/condition:
  
3. Symptoms/functional limitations that necessitate special housing accommodations:
  
4. Recommendations regarding accommodation needs (air conditioning, ground floor, private room, service animal, emotional support animal, etc.):
  
5. If the request for housing accommodations were not met, what would be the impact of the student's academic life?

\_\_\_\_\_  
Treating Clinician/Physician's Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Mail/Email/Fax to:                      Housing & Student Life  
    West Liberty University  
    208 University Drive, CUB 128  
    West Liberty, WV 26074  
    Fax: (304)336-8385  
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