Office of Student Disability Services

HOUSING/FACILITY ACCOMMODATION REQUEST FORM

NAME: _______________________________________________ NSU ID #: __________________________

PHONE: ___________________________________ CELL PHONE: _______________________________

NSU EMAIL: ___________________________________________________________@MYNSU.NOVA.EDU

MAILING ADDRESS: __________________________________________________________________________

__________________________________________________________________________________________

DATE OF BIRTH: __________ STUDENT LEVEL: ___Undergraduate ___Graduate/Professional

PRIMARY CAMPUS:

___Davie   ___Fort Myers   ___Jacksonville   ___Miami   ___Online

___Orlando   ___Puerto Rico   ___Tampa   ___West Palm Beach

PROGRAM/MAJOR: ________________________________________________________________

COLLEGE:

___Allopathic Medicine   ___Engineering and Computing   ___Nursing

___Arts, Humanities, & Social Sciences   ___Health Care Sciences   ___Optometry

___Business   ___Law   ___Osteopathic Medicine

___Dental Medicine   ___Medical Sciences   ___Pharmacy

___Education   ___Natural Sciences & Oceanography   ___Psychology

DIAGNOSIS/MEDICAL CONDITION:

___Attention Disorders   ___Physical and Systemic Disorders

___Autism Spectrum Disorders   ___Psychological and Psychiatric Disabilities

___Head Injury and Traumatic Brain Injury   ___Specific Learning Disabilities

___Hearing Impairments   ___Vision Impairments

REQUEST ACCOMMODATION(S) BEGINNING:   ___Fall   ___Winter   ___Summer

IF HOUSING ACCOMMODATION REQUEST, HOUSING CONTRACT SUBMITTED: ___Yes   ___No

Please RETURN this form with supporting documentation from your treating professional(s).

Visit www.nova.edu/disabilityservices for appropriate supporting documentation. Accommodations must be requested through SDS prior to July 1st for the fall semester and prior to December 1st for the winter semester. Accommodations for summer must be requested prior to April 1st. Failure to abide by these guidelines may result in a delay in determinations.
IF REQUESTING A HOUSING OR FACILITY ACCOMMODATION, PLEASE BRIEFLY EXPLAIN THE DIFFICULTIES YOU EXPERIENCE WITH RESIDENTIAL LIVING OR WITH A SPECIFIC FACILITY:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

PLEASE LIST SPECIFIC ACCOMMODATION(S) BEING REQUESTED:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

IF EMOTIONAL SUPPORT ANIMAL REQUEST, PLEASE SPECIFY:  ____Dog   ____Cat   ____Other*
*IF OTHER, SPECIFY: ________________________________________________________________

RELEASE OF INFORMATION:
I, ______________________________________ (print first and last name), authorize Student Disability Services and its designated representatives to discuss my disability-related needs with authorized members of the Nova Southeastern University administration, staff, and/or faculty for the purpose of assisting me in my program, as well as determining reasonable accommodations. I understand this information is confidential in nature and will be used only for educational purposes. I understand that this authorization may be withdrawn by me at any time through a written, signed, and dated request.

_________________________________________________________  ______________________  
Student Signature**                              Date

_________________________________________________________  ______________________  
Parent/Guardian Signature if student is under the age of 18 years old Date

I, ______________________________________ (print first and last name), authorize Student Disability Services and its designated representatives to release and/or discuss information specifically related to my disability; including but not limited to documentation pertaining to my disability, requests or evaluations regarding accommodations and services, with (check all that apply):

____Members of my family (specify):_______________________________________________________

_________________________________________________________  ______________________  
Student Signature**                              Date

**By signing this form you understand that we will not review your request until your supporting documentation from your treating professional(s) is received. Visit www.nova.edu/disabilityservices for appropriate supporting documentation. Accommodations must be requested through SDS prior to July 1st for the fall semester and prior to December 1st for the winter semester. Accommodations for summer must be requested prior to April 1st. Failure to abide by these guidelines may result in a delay in determinations.