

## Disability Verification for Housing Accommodations

Student name:

CWID:

Birthdate:

*I am requesting a housing accommodation through the Office of Student Accessibility at Pepperdine University. Pepperdine requires current and comprehensive documentation of my disability/medical condition. Please respond to the following questions as soon as possible and forward by mail or fax listed.*

*Students: You may submit this form through secure email at [attachments.pepperdine.edu](mailto:attachments.pepperdine.edu).*

The above-named student has indicated that you are the provider that would be able to speak to the student's disability needs related to housing. Please answer the following questions so that we may better evaluate the request for this accommodation. Complete information will better assist us in the accommodation approval process.

Pepperdine University places a high value on collegiate residential life. **As part of this required two year undergraduate residential experience, students are expected to share a bedroom space and navigate roommate relationships.** We understand that many students have not shared personal space prior to enrolling in college. There is a dedicated team of residence life professionals dedicated to programming and support for the resident community.

Pepperdine University is committed to providing reasonable accommodations in housing policies and practices for individuals with documented disabilities. Clear documentation from a qualified medical or mental health professional, as defined in Pepperdine OSA documentation guidelines, highlighting the student's disability and specific functional limitations of the disability is required. Documentation should not be written by family members.

Alternate housing requests are not always the best option for students who have concerns about their housing situation. The Pepperdine Counseling Center, Health Center, Housing and Residence Life, and Seaver Student Success Center have resources, such as workshops regarding communication and problem-solving skills, academic coaching and study habits, stress management, and more, to assist students in community living. Please note that all housing accommodations are based on availability.

## Disability Verification for Housing Accommodations

Physician/provider name and title (print):

---

Phone:

Fax:

---

Organization & address:

---

Email address:

---

**This form must be completed by the Medical/ Mental Health Professional listed above.**

1. What is the student's disability?
2. What are the specific functional limitations the disability presents as it relates to the housing assigned (i.e. double occupancy, suite style community housing)?
3. In your professional opinion, what accommodations would allow the student access to the community created by the Housing and Residence Life on campus?
4. Housing accommodations are based on availability and timing. If reasonable accommodations are unable to be secured until available, are there appropriate alternatives until the accommodated housing becomes available?

**If a single room is the accommodation requested, please answer the following questions:**

Student Name:

5. What symptoms will be reduced for this individual by having a single room?
  
  
  
  
  
  
  
  
  
  
6. Is there evidence that a single room has helped this individual in the past or currently?
  
  
  
  
  
  
  
  
  
  
7. In your professional opinion, how important is it for the individual's well-being to be placed in a single room without a roommate? Is a single room medically necessary for your patient/client?

**Thank you for completing this form. If the Office of Student Accessibility needs additional information, the Office may contact you at a later date.**

***This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient and/or my review of records.***

---

Physician/Therapist Signature

License #

Date

---

Length of time you have worked with this student