



Housing and/or Dietary Request Form

Student Name: _____ Grizzly ID: _____

Date of Request: _____

To consider this student's request for an accommodation because of a disability/chronic health condition in his/her housing and/or dietary assignment, Oakland University requires documentation for the student's current medical condition and medical records from the treating and licensed clinical professional thoroughly familiar with this student's condition and his/her functional limitations and/or restrictions.

Student's Diagnosis: _____ Date of Diagnosis: _____

What is the desired Housing Accommodation? Please give specific detail. _____

How does this request relate to the impact of the condition? Does the disability significantly limit any major life activities? Please describe in detail _____

What is the level of need for the accommodation (and the consequences of not receiving it)? Would you consider this a preference or a need? Why? _____

What are potential alternatives if the requested accommodation is not possible? _____

Is the impact of the condition life threatening if the request is not met? Why? Why not? _____

Is there a negative health impact that may be permanent if the request is not met? What is it? _____

Is the request an integral component of a treatment plan for the condition in question? _____

What is the likely impact on academic performance if the request is not met? Has there been a past impact on academic performance? _____

What is the likely impact on social development if the request is not met? _____

Please address any other concerns or give any additional information here: _____

If a special diet is required, please attach a student specific copy of the special diet to this form.

Please print name here: _____

Signature: _____

Credentials/License number: _____

Date of Signature: _____

Please attach additional documentation as needed.