

# housing accommodations request form

Students with disabilities and other identity related requests must fill out this form to receive reasonable accommodations and/or customized housing environments while living in a UC Berkeley residence.

Instructions: Complete and sign Section One. If you are requesting accommodations due to a disability or medical condition, please give Section Two to your medical or mental health professional. They must provide a letter stating their recommendations for housing accommodations.

Materials provided will be reviewed by the Accommodations Coordinator to determine a reasonable accommodation.

Submit form and supporting documents to:  
Katelyn Sadler, Housing Coordinator, Cal Housing, UCB  
2610 Channing Way #2272  
Berkeley, CA 94720-2272  
katelynsadler@berkeley.edu

Incomplete requests will be returned, which will delay processing. Facilities staff need to be notified of any accommodation requests that require modifications to the student's bedroom at least eight weeks prior to move in.

Please note: Filling out this form does not register you for the Disabled Students' Program (DSP), which provides academic accommodations. Once admitted to the University, students seeking academic accommodations are strongly encouraged to register as early as possible with the DSP office. Visit DSP online at [dsp.berkeley.edu](http://dsp.berkeley.edu) for more information.

## Section One — Student Housing Accommodations Request

(To be completed by the Student. You may attach additional sheets, if necessary)

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

Email : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am registered or intend to register with the Disabled Student's Program (DSP):                      YES                      NO

Please indicate the accommodations you are requesting: \_\_\_\_\_

Please explain the reason(s) for your request: \_\_\_\_\_

If requesting a single room, is this:                      a personal preference                      necessary due to a disability or medical condition

If you are requesting a single room as an accommodation for your disability or medically related condition, please describe the specific ways that sharing a room with another person causes you difficulties.

Optional (to support the University in maintaining the safety of residents) Is there any aspect of your disability/medical condition that may, under certain conditions, pose a threat to the safety or health of yourself or other residents? If so, please describe:

Optional: If additional medical information is needed from your physician or specialist, do we have permission to contact them directly?                      YES                      NO

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

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**Section 2:  
Medical Professional Instructions**

Dear Medical or Mental Health Professional: This student is asking the University of California, Berkeley for accommodations while living in university housing. By providing a full and complete response, you will help to expedite the processing of this student's accommodation request, and reduce the need to return to you for additional information.

Please submit this completed form accompanied by a letter on official letterhead from your office.

Handwritten notes and/or notes written on prescription pads will not be reviewed and labeled incomplete. Incomplete requests will be returned and processing will be delayed.

Please include the following in your letter:  
1) Describe your specialty, and how long the student has been in your care

2) Verify that the student has a qualifying disability that impacts a major life activity, and share how the disability may impact the student while in university housing

3) Fill out the accommodation checklist on this form, selecting the accommodations you believe the student needs. In the letter explain in detail how each accommodation you have recommended will address the functional limitations of the student's disability

4) Your signature and licensure information

Submit the letter and this form via fax, email, or postage to:

Cal Housing  
Attention: Katelyn Sadler  
University of California, Berkeley  
2610 Channing Way #2272  
Berkeley, CA 94720-2272  
Berkeley, CA 94720-2272  
Fax: (510) 642-4026  
Email: [katelynsadler@berkeley.edu](mailto:katelynsadler@berkeley.edu)

This information will be protected as confidential and will be used only for providing ADA accommodations

**Accommodation Checklist:**  
(to be completed by medical or mental health professional)

Below are some of the accommodations offered. Please select those you believe this student needs. Please explain how each accommodation addresses the functional limitations of the student's disability in your letter.

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

Licensed Professional Name: \_\_\_\_\_

Licensed Professional Signature: \_\_\_\_\_

Select	Recommended Accommodation(s)
	Automatic Door Opener, Needed for:
<input type="checkbox"/>	____ Personal Room Door    ____ Suite Door    ____ Bathroom Door
	ADA Compliant Bathroom- Roll in Shower
	ADA Compliant Bathroom- Shower Bench
	Semi-private bathroom
	Modified window openers
	Lower closet shelves & peephole
	Height Adjustable Desk
	Strobe light smoke detector or fire alarm
	Visual Doorbell
	Ability to rent more than 1 MicroChill refrigerator
	Access to a kitchen
	Room with additional space for medical equipment
	Private Room
	Room with fewer roommates
	Placement with a requested roommate
	Ground floor room or room on a lower floor
	Location close to Tang Medical Center
	Location close to campus
	Room removed from traffic noise & other exterior distractions
	Room with less allergens
	Room without carpet (limited- only for severe respiratory concerns)
	Bring their own mattress (remove uni mattress/ other furniture)
	Replace XL Twin Mattress (80") with XXL Twin Mattress (84")
	Service or Emotional Support Animal
	Substance Free Environment
Other	