



## Documentation Standards for Housing Accommodations

All High Point University (HPU) students requesting disability-related accommodations in relation to housing must register with the HPU Office of Accessibility Resources and Services and provide up-to-date, appropriate, and objective documentation that clearly substantiates a significant functional impairment. A significant functional impairment is a limitation or inability to perform one or more major life activities without an accommodation.

Housing accommodations will be based on documentation submitted to the Office of Accessibility Resources and Services.

To receive housing accommodations at High Point University, students must:

1. Register with the Office of Accessibility Resources and Services (OARS) at <https://oars.highpoint.edu/Hwc/DataForms/Enter-Data>.
2. Submit a completed OARS Request for Medical Documentation by a licensed professional who is credentialed in the area related to the diagnosed condition for which the accommodation is being requested.
3. Write and submit a Personal Statement that includes a rationale for your housing accommodation and how this accommodation will meet your need(s) for accommodations and enrich your experience at High Point University.
4. Meet with an Accessibility Specialist to discuss your request. If you are an incoming freshman, you can contact an Accessibility Specialist by calling 336-841-9026.

The following documentation in itself is not sufficient to authorize a housing accommodation, but may be provided to assist in determination of reasonable academic accommodations.

- Individualized Education Plan (IEP)
- 504 Plan
- Psychological Test results

Please submit all documentation to High Point University's Office of Accessibility Resources and Services  
fax: 336-888-6324 email: [oars@highpoint.edu](mailto:oars@highpoint.edu).



**Office of Accessibility Resources and Services**

**REQUEST FOR ACCESSIBLE HOUSING**

**Re:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

The forenamed student has requested accommodations from the Accessibility Resources and Services Office at High Point University on the basis of having a disability. This student reports being diagnosed with a physical or mental impairment which substantially limits one or more major life activities which may include, but is not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

To qualify for accommodations, verification of the disability and substantial limitations must be submitted with the Request for Housing Accommodation form each year as long as accommodations are requested. Your name has been provided as the qualified medical professional diagnosing and treating this student.

Please complete all sections of this form and return to: Office of Accessibility Resources and Services, One University Parkway, High Point, NC 27268, PH: 336-841-9026, FAX 336-888-6324, [oars@highpoint.edu](mailto:oars@highpoint.edu). This verification form must be completed and returned before accommodations can be provided.

**To be completed by a licensed professional:**

Provider: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

License Number: \_\_\_\_\_ Office Name: \_\_\_\_\_

1. What is the student's diagnosis? What is the original date of the diagnosis?

\_\_\_\_\_

2. Is the student/patient currently under your care? Yes No

a. If so, duration of care? \_\_\_\_\_

b. Date of most recent contact? \_\_\_\_\_

3. What major life activities are limited due to this diagnosis?

breathing    bladder    bowel    circulatory    concentration    cognition    dexterity  
 digestive    eating    endocrine    hearing    immune system functions    memory  
 neurological    normal cell growth    performing manual tasks    respiratory    seeing  
 self-care    sleeping    talking    walking    working    other

Please explain how the student's major life activities limited by the student's diagnosis.

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4. Is the impact of the condition life threatening if the request is not met? \_\_\_\_\_

In what way? \_\_\_\_\_

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5. Is the request an integral component of a treatment plan? \_\_\_\_\_

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6. Describe how this condition affects the student's life functioning, specifically in relation to the student's housing experience (i.g. duration, frequency, intensity of condition).

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7. What specific recommendations for accommodations do you have regarding housing assignment? Indicate if any recommendations are medically necessary.

\_\_\_\_ Single Room      \_\_\_\_ Semi-private bathroom      \_\_\_\_ Kitchen Access      \_\_\_\_ Ground Floor      \_\_\_\_ ESA

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If an Emotional Support Animal is recommended, does the student have an established relationship with the animal?

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8. Explain how the recommended accommodations decrease the impact of the student's functional limitations associated with their life on campus at High Point University.

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9. Please include any other information that might be helpful in working with this student.

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\_\_\_\_\_  
Licensed Professional's Signature

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Date

\_\_\_\_\_  
Professional's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Licensed