



**OHIO**  
UNIVERSITY

**Division of Student Affairs**  
**Housing & Residence Life**

## Request for ADA Accommodations

### Authorization for Release of Confidential Information

In order for Housing and Residence Life to objectively evaluate and provide for individual needs, additional details may be needed from the clinician in charge of your treatment. By signing this form, you understand that you are providing your clinician the right to disclose any information that is necessary to assist with the review of your request directly to Housing and Residence Life.

**Housing Accommodation forms are required to be submitted annually for placement consideration.**

### Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student PID: \_\_\_\_\_ Ohio Email: \_\_\_\_\_

### Permissions

**I give permission to discuss or release any accommodation and/or disability related information contained in my file to the following:**

\_\_\_\_\_ Self (Indicate Delivery Method)

\_\_\_\_\_ Mail \_\_\_\_\_ Pick up \_\_\_\_\_ Email (provide email): \_\_\_\_\_

\_\_\_\_\_ On Campus Agency \_\_\_\_\_

\_\_\_\_\_ Off Campus Agency/ Parent (complete the information below)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**I want to limit the information given to only the following:**

\_\_\_\_\_ Original Documentation \_\_\_\_\_ Information Related to Accommodations

\_\_\_\_\_ Entire File \_\_\_\_\_ Other (Please specify): \_\_\_\_\_

### Signature and Certification

*I understand that I may amend this agreement at any time in writing and, unless I request otherwise, it will remain in effect until completion of my program at Ohio University. I also understand that these documents may be shared between Housing and Residence Life and the Office of Student Accessibility Services to ensure that reasonable and appropriate accommodations are provided.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_