Pitt-Greensburg
Housing Accommodations Guidelines

To receive housing accommodations Disability Resources and Services requires that you submit appropriate medical documentation that confirms that you are an individual with a disability. The following is a summary of factors that Disability Resources and Services and/or an appropriate medical professional will consider when determining if the requested housing accommodation is reasonable due to a disability.

SEVERITY OF THE DISABILITY
- Is the impact of the disability life threatening if the request is not met?
- Is there a negative health impact that may be permanent if the request is not met?
- Is the request an integral component of a treatment plan for the condition?
- What is the impact on the student's level of comfort if the request is not met?
- Does the disability necessitate that the student live in University residence halls?

FEASIBILITY, AVAILABILITY, TIMING
- Is the space available that meets the student's needs?
- Are there other effective methods or housing configurations that would achieve similar benefits as the requested accommodation?
- Does the requested accommodation create a safety hazard (i.e. electrical overload, emergency egress, etc.)?
- Was the request made with-in a reasonable time frame relative to the housing application deadline?

INSTRUCTIONS
- Fill out the Housing Accommodation Request Form below
- Attached documentation from diagnosing physician or primary health care provider
- Mail/fax form and documentation to the following:
  Mailing Address: Housing Office  
  219 Chambers Hall  
  150 Finoli Dr  
  Greensburg, PA 15601
  Fax: 724-836-7134 (ATTN: Housing Office)
Pitt-Greensburg
Housing Accommodation Request Form

This request form must be completed in its entirety and medical documentation must be submitted before a request will be given any consideration. All requests for accommodations must be made in a reasonable time frame. Decisions will be made on a first-come-first-serve basis.

Student Information

Student Name: ____________________________

(Left) (First)

Birth Date: ______________________________ Gender: Male _____ Female _____

Home Address: ______________________________________

________________________________________________________________________

Phone #: ______________________________ E-Mail Address: ______________________

On Campus Address (If Assigned): __________________________

Requested Accommodation: ________________________________________________

________________________________________________________________________

To determine eligibility for housing accommodations, the University of Pittsburgh requires current and comprehensive information of the student's condition from the diagnosing physician or primary health care provider. You must attach documentation from a qualified medical or other provider in support of your requested accommodations(s). Documentation guidelines can be obtained at:

Documentation Guidelines