

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 within a reasonable time frame relative to the housing application deadline

INSTRUCTIONS

- Fill out the Housing Accommodation Request Form below
- Attach documentation from diagnosing physician or primary health care provider
- Mail/fax form and documentation to the following:

Mailing Address: Dr. Lou Ann Sears
University of Pittsburgh at Greensburg
Millstein Library Building 240
150 Finoli Drive
Greensburg, PA 15601

FAX: 724-836-7493

Please note: Each year, Dr. Sears is on campus from end of August through end of June. In July and August, send your housing-accommodations request form and documentation to Ms. Beth Tiedemann, Millstein 103, (rest of address same as above), FAX: 724-836-7797.

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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: _____
(Last) (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](#)