

Disability Support Services

Request for Housing and Dining Accommodations

The following guidelines have been established to accommodate students who have special disability related needs that may impact their on-campus housing or dining. To be considered for a housing or dining accommodation due to disability, MSU Texas requires documentation of the student's current condition from the treating license clinical professional or health care provider. This provider must be thoroughly familiar with the student's condition and functional limitations and must make a direct connection to the requested accommodation based on the student's current functional limitations.

This request is only for housing and dining accommodations at MSU Texas related to the functional limitations associated with your disability. Additional information will likely be needed before academic accommodations can be provided. Additional information can be found the Disability Support Services (DSS) homepage.

Application Process:

1. Submit the following forms:
 - Housing & Dining Accommodation & Authorization to Receive Information
 - Documentation of Disability Related Need
2. DSS reviews completed forms and Qualified Health Professionals documentation
3. DSS sends an email to the student notifying him/her of the outcome of the review

Submit to:

Debra Higginbotham, Director
Disability Support Services
Clark Student Center, Room 168
3410 Taft Blvd.
Wichita Falls, TX 76308
debra.higginbotham@msutexas.edu
O: 940-397-4140 F: 940-397-4180

Housing & Dining Accommodation Request Form

To be completed by student. Please print.

Last Name _____	First Name _____	MI _____
Age _____		M# _____
Assigned Residence Hall: _____		
Mailing Address: _____		
Cell Phone: _____ Email Address: _____		

Please list specific housing accommodation(s) and explain need based upon documented disability. Attach additional sheets as necessary.

Request(s)

Justification*

I understand that I must provide supporting documentation to DSS in order to be considered for accommodations in my housing and dining assignment. This includes submitting a statement of need from the appropriate Physician/Professional to DSS to support my request.

**Note – DSS reviews applications to ensure that the claimed disability is a “substantially limiting condition” as defined by the Americans with Disabilities Act.*

(To be signed by student if age 18 or older. To be signed by parent or guardian only if student is under age 18).

Signature: _____

Date: _____

Documentation of Disability Related Need

(This top section ONLY to be completed by student. Please print.)

Name:		M#:
Home Phone:	Cell Phone:	Email:
Address:		

This form must be completed by a licensed professional, who is qualified to diagnose stated disability and has a previous relationship with the student. Provider may not be a relative of the student.

Name of qualified professional: _____

Address: _____

Office Phone Number: _____

Office Fax Number: _____

Signature: _____

Date: _____

In addition to this form, please include, ON LETTERHEAD, your professional credentials, and your signature. Also, include the following information:

- Clearly state the diagnosed disability or disabilities including the original date of diagnosis and date of the most recent evaluation
- The current impact on major life activities or functional limitations resulting from the student's disability
- The expected duration, stability or progression of the student's disability
- A description of the recommended housing or dining arrangements based on the impact of the functional limitation associated with the student's disability
- Alternatives if the request is not practical for MSU Texas to implement

The requested documentation will be maintained per FERPA guidelines and will only be utilized to determine the student's Housing or Dining request. DSS will maintain the requested documentation and respect the student's confidentiality at all times.