

# Request for Single Room Housing Accommodation

Augsburg University

Center for Learning and Accessible Student Services (CLASS)

2211 Riverside Avenue, CB 57, Minneapolis, MN 55454

612-330-1053 (main desk), 612-330-1137 (fax), [class@augsborg.edu](mailto:class@augsborg.edu)

The completed form can be emailed to [class@augsborg.edu](mailto:class@augsborg.edu), faxed to (612)330-1137, or mailed to the CLASS Office, 2211 Riverside Ave, CB#57, Minneapolis, MN 55454.

## Student

Student's Name: \_\_\_\_\_

## Certifying Professional

(All sections of this form are to be completed by a qualified professional)

Certifying Professional's Name: \_\_\_\_\_

Professional Title: \_\_\_\_\_

License/Certification Number and Issuing State: \_\_\_\_\_

Agency: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

Initial contact with student: \_\_\_\_\_ Last contact with student: \_\_\_\_\_

## Requested Information

This student is requesting a single bedroom/space as a reasonable accommodation at Augsburg University. Single occupancy accommodations are made for students with documented disabilities who need these accommodations in order to have equal access and opportunity in campus housing. Please note that requiring a quiet place to study, having a negative experience with a previous roommate, and personal preference are not reasons, in and of themselves, for approval of this accommodation.

**Please thoroughly answer each of the following questions:**

1. Please state the student's diagnoses, current symptoms, and their frequency/severity.

2. Why do you believe this student needs a single space in the residence hall?

3. What specific disability-related barriers would the student experience if they shared space with another person?

4. What would be the likely impact on the student if the requested accommodation is not approved?

5. Are there any additional factors to be considered in making this decision?

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