

Notre Dame of Maryland University

Phone: 410-532-5401

Disability Support Services
4701 North Charles Street, Theresa 09
Baltimore, MD 21010

Fax: 410-532-5402



Accessible Housing/ Accommodation Request Form

Notre Dame of Maryland University provides housing accommodations on a case-by-case basis for students with a documented disability and/or with a medical condition in accordance with Section 504 of the Americans with Disabilities Act and the American with Disabilities Act Amendments Act of 2008 (ADAAA). Students requesting accessible housing or accommodations based on a documented disability or medical condition must apply through the Office of Disability Support Services in Theresa Hall 009. The housing accommodation application along with appropriate documentation must be submitted to the Director of Accessibility and Health Promotion, Office of Disability Support Services, who works in collaboration with the Director of Housing and Residence Life. Students are encouraged to apply for accommodations as early as possible.

Please complete this form by July 1st and mail/fax to:

Notre Dame of Maryland University

Amy Morales, Director of Accessibility and Health Promotion

Office of Disability Support Services

4701 North Charles Street, Theresa 009

Baltimore, MD 21010

Office: 410-532-5401

Fax: 410-532-5402

For questions and appointments please contact Amy Morales, Director of Accessibility and Health Promotion, Office of Disability Support Services at 410-532-5401 or amorales.ndm.edu

Student to complete this section:

Student Name:

Date of Birth: _____

Current Academic Standing: _____

Email Address: _____

Phone Number: _____

Academic Year for Housing Accommodation Request: _____

Date of Request _____

Please describe the disability or medical condition for which accommodations are being requested:

Please list your housing accommodation request(s):

This signature authorizes the medical professional completing this form to discuss my medical condition(s) with the Office of Disability Support Services at Notre Dame of Maryland University if necessary.

Student Signature: _____

Date: _____

Health Care Provider:

Date:

Provider Name:

Provider Address:

Provider Telephone:

Provider FAX and/or Email address:

Professional Signature:

License #:

Health care provider: Please respond to the following questions regarding the above named student.

Please describe the current disability/medical condition/diagnosis for which housing accommodations are requested:

Date of Diagnosis: _____

Is this condition temporary or permanent? _____

If temporary, what is the expected duration? _____

When was the student's last office visit? _____

Please list the symptoms and frequency of symptoms the student is experiencing that are causing impact to one or more major life activities:

Please describe the requested housing accommodations and how the request correlates with the student's disability or medical condition:

Please provide any further information you believe would be helpful:

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Please provide contact information, sign and date this questionnaire, and return it to Amy Morales, Director of Accessibility and Health Promotion, Office of Disability Support Services at Notre Dame of Maryland University. Phone: 410-532-5401 Fax: 410-532-5402 email: amorales@ndm.edu).