

Notre Dame of Maryland University
Disability Support Services
4701 North Charles Street, MBK 218
Baltimore, MD 21010

Phone: 410-532-5195
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 the American with Disabilities Act (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 MBK 218. The housing accommodation application along with appropriate documentation must be submitted to the Associate Vice President for Student Life 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 return to:

Notre Dame of Maryland University
Brandy Garlic, Associate Vice President for Student
Life
Phone: 410-532-5401
Office of Disability Support Services
4701 North Charles Street, MBK 218
Baltimore, MD 21010

For questions and appointments, please contact Brandy Garlic, Associate Vice President for Student Life on behalf of the Office of Disability Support Services at 410-532-5195 or bgarlic@ndm.edu

Student Section

Student Name: _____

Date of Birth: _____ Current Academic Standing: _____

Email Address: _____ Phone Number: _____

Academic Year for Housing Request: _____ Date of Request _____

Please list your housing accommodation request(s):

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

Student Signature: _____ Date: _____

Health Care Provider: Please respond to the following questions regarding the above named student.

Please list the current medical condition/diagnosis in which this request is being made for:

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 a major impact to a major life activity (i.e. sleeping, breathing, seeing, learning, hearing, socializing, and walking).

Please describe the requested accommodation and how the request correlates with the student's condition.

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Please list current medication(s) the student is prescribed and if the medication positively or adversely impacts the student's condition. Also, if it positively impacts the condition please explain why accommodations are necessary.

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 (below), and return it to Dr. Brandy Garlic, Associate Vice President for Student Life on behalf of the Office of Disability Support Services at Notre Dame of MD University. Phone: 410-532-5195 Fax: 410-532-5402 email: bgarlic@ndm.edu.

Contact information:

Name:

Address:

Telephone:

FAX and/or Email address:

Professional Signature:

License #:

Date: