



Housing Accommodation Verification

The Office of Disability Services
General Technology Building, Room B105
419-559-2200 (Phone)
419-333-8017 (Fax)
DisabilitiesServices@terra.edu

Dear Professional,

The student named on the attached Housing Accommodation Verification Form has applied for services available to qualified individuals with disabilities through the Office of Disability Services at Terra State Community College.

Current documentation of the student's disability must be on file in our office to determine appropriate and reasonable housing accommodations. The student identified has indicated that you could provide documentation of disability along with information pertinent to function in a residential living environment and why the requested housing accommodation is necessary.

Once the information is received by the college it becomes subject to the Federal Family Education Rights and Privacy Act of 1974 (FERPA) regulations which state that the information is available to the student upon request. Please complete the attached Disability Verification form and return as indicated to our office or to the student.



Housing Accommodation Verification

The Office of Disability Services
General Technology Building, Room B105
419-559-2200 (Phone)
419-333-8017 (Fax)
DisabilitiesServices@terra.edu

Student Information

To Be Completed by the Student (Please Print Legibly or Type)

First Name:	_____	Last Name:	_____
Date of Birth:	_____	Student ID #:	_____
Phone:	_____	TSCC Email:	_____
Street Address:	_____		
City:	_____	State:	_____ Zip: _____

I request that the professional designated below complete this form:

Name of Certified or Licensed Professional:	_____
Street Address:	_____
City:	_____ State: _____ Zip: _____

Diagnostic Information

To Be Completed by a Certified or Licensed Healthcare Provider

Please provide the following information in full where applicable in order to verify disability and help determine reasonable educational accommodations to support this student:

Please describe how the student's disability specifically impacts their ability to function in a residential living environment and why the requested housing accommodation is necessary. Documentation should clearly explain the functional limitations related to housing. **Note:** A brief statement such as "John has X diagnosis and needs a single room" is not sufficient.

Please provide any additional information pertinent to the student's request for a housing accommodation.



Housing Accommodation Verification

The Office of Disability Services
 General Technology Building, Room B105
 419-559-2200 (Phone)
 419-333-8017 (Fax)
DisabilitiesServices@terra.edu

Please indicate what housing accommodations you are recommending and why?

Accommodation	Rationale
Single Room (no shared common space)	<i>Please provide a detailed description of how the accommodation is warranted and how it will diminish the impact of the disability within a residence hall environment.</i>
Single Bedroom (a private bedroom with shared common space)	
Deaf and Hard of Hearing Emergency Alerts (e.g. visual fire alarms, bed shakers)	
Access to Kitchen	
Wheelchair Accessibility	
Private Bathroom	
Semi-Private Bathroom (Limited number of people have access)	
Other	
Professional Verification	

Signature

Date

Printed Name

License Number

Supporting educational, medical and or psychological documentation should be attached and returned to:
 The Office of Disability Services, General Technology Building, Room B105, 2830 Napoleon Rd, Fremont, OH 43420.
 419-559-2200 (Phone). 419-333-8017 (Fax). DisabilitiesServices@terra.edu. Please return this form to our office as soon as possible so this student may receive support from our program. If you have any questions, please call 419-559-2200.