



Request for Information – Single Room Documentation Form

Student’s Name: _____

Transylvania University is committed to providing reasonable accommodations to students with disabilities. The ADA defines a disability as a “physical or mental impairment that substantially limits one or more major life activities”. This document is designed to assist us in determining whether the above-named student requires a single room for reasons of disability under the ADA.

The following is to be completed by a licensed healthcare provider or therapist

Diagnosis (ICD-10 or DSM-5): _____

Level of Severity: _____

Date of diagnosis: _____

How was diagnosis determined: _____

Describe the professional relationship with this student. How long have you been working with this student?

Describe the symptoms currently experienced by the student: _____

What, if any, treatment options have been explored? _____

The residential component is integral to our college education. Part of this experience is shared living space. While we recognize that a single room may benefit someone with a disability, the limited number of single rooms makes it necessary to consider each request carefully.

Describe how the symptoms of the diagnosis present themselves in the residential setting of college that **necessitate** a single room request - please be detailed: _____

What symptoms does a single room alleviate that cannot be otherwise accommodated: _____

Have you discussed other options (e.g., roommate mediation, room switch, off-campus housing, white noise or other devices, ongoing therapy, medication, etc.)? Y N

If no single rooms are available at this time, what could be explored that might mitigate the barriers of a shared housing placement? _____

By submitting this form, the student has given Accessibility Services permission to contact you should we have any further questions. Please ask your client to complete a release of information form with you. Feel free to contact us for any questions you may have. Thank you!

Professional's Signature: _____

Printed Name & Credentials: _____

License #: _____

Address: _____

City: _____ State: _____

Zip: _____

Telephone: _____

Today's Date: _____

Return this information, marked confidential to:

Transylvania University, Accessibility Services
Attn: Lisa Ladanyi
300 North Broadway, 238 Young Campus Center
Lexington, KY 40508
Phone: 859-233-8502 / Fax: 859-233-8797 / Email: lladanyi@transy.edu