



CONFIDENTIAL

Residence Special Accommodation Request Form

PLEASE NOTE: Although we make every effort to accommodate your needs, we cannot guarantee that you will be assigned a specific room, room type, or residence location. Each case will be reviewed and assigned to the most appropriate community at the sole discretion of the Student Support and Accessibility Office in conjunction with Residence Life. To explore residence options, please visit <https://www.kingsu.ca/campus-life/residence>

Please complete this form in its entirety. An incomplete application will NOT be considered. All information is treated as CONFIDENTIAL.

Section 1: STUDENT INFORMATION

Last Name: _____ First Name: _____

Student ID#: _____ Phone #: () _____

Gender: _____ Date of Birth: _____

Email: _____

Section 2: ACCOMMODATION CATEGORY

I require consideration for specific residence accommodation under the following category:

- | | |
|--|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Psychological/Mental Health |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Dietary |
| <input type="checkbox"/> Hearing/Vision | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Learning Disability | _____ |

I hereby authorize my physician or other appropriate attesting professional to provide the following information to The King's University relating to my request for accommodation. I hereby attest that all information on this form and any accompanying documents are accurate and true, and sufficiently describe my needs related to living on campus. I further understand that although every effort will be made to reasonably accommodate student needs, all residence assignments are subject to review and accommodation decisions will be based on verified need.

Student Signature: _____ **Date:** _____

Section 3: To Be Completed by an Attesting Professional:

The following professionals may complete this section to support your request for consideration for residence assignment, only if they are directly treating, counselling, or associated with your circumstances: medical doctor, licensed counsellor, or recognized religious official. A separate attached document from the professional is also acceptable in lieu of completing section 3 if it clearly specifies and supports your room requirement(s).

Diagnosis/Condition (optional) _____

Disclosure of diagnosis is optional. The purpose of requesting disclosure is to identify appropriate options for residence accommodations for the identified condition. Specific accommodation needs are to be outlined on the next page.

Section 3 continued:

Please indicate below the requirements that you deem applicable to the needs of this student:

- | | |
|---|--|
| <input type="checkbox"/> Private Room | <input type="checkbox"/> Motorized mobility (ie. Wheelchair, scooter) Accessible |
| <input type="checkbox"/> Single Gender | <input type="checkbox"/> Student Supplied Equipment |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Strobe/Bedshaker |
| <input type="checkbox"/> Daily Access to Kitchen | |
| <input type="checkbox"/> Specialized Meal Plan | |
| <input type="checkbox"/> Other (please specify) _____ | |

Please elaborate on the above requirements if necessary. *Please do not recommend a specific building location.*

Name (print): _____ **Position:** _____

Organization: _____ **Address:** _____

Email: _____ **Phone:** _____

I hereby attest that I am familiar with the student in question and their specific needs and by completing this form have recommended criteria for an assignment in residence that best fits their needs.

Attesting Professional Signature: _____ **Date:** _____

- I understand that in order to properly consider this request The King’s University Student Support and Accommodations Office may, in confidence, share this information and consult with other professional staff including, but not limited to, The King’s University Residence Life, Facilities, or other professionals as appropriate. I further understand that I am responsible for the applicable residence rates and charges for the room type and location that I am assigned.*
- I have records on file with the Student Support and Accessibility Office (SSAO) and authorize SSAO to share information in my file with Residence Life.*

**Student Support and Accessibility
The King’s University
Edmonton, AB T6B 2H3**

**Phone: 780-465-3500 ext 8037
Fax: 780-465-3534
Email: accessibility@kingsu.ca**

Please note that all documentation and details regarding disabilities are kept confidential in accordance with the [Personal Information Protection Act](#) (PIPA). The King’s University adheres to the Alberta Human Rights Code and the Duty to Accommodate Students.