



Housing Accommodations Request Form

Students in need of a reasonable accommodation or assistance in completing the housing application may contact Student Access Services at 575-835-6209. Students with disabilities are encouraged to fill out this form to request reasonable accommodations while living in a New Mexico Tech residence.

Resident Instructions:

Complete and sign any relevant parts of Section One. To expedite the process, provide medical or mental health professional with section two to complete. They should provide a letter verifying a disability and their recommendations for accommodations.

You may provide any other documentation related to your request, but we do not encourage you to provide more medical or mental health information than that described in Section 2. Materials provided and student self report will be reviewed by the Office for Disability Services to determine a reasonable accommodation.

This form does not register you with the Office for Student Access Services (SAS). Students may register with SAS at <https://nmt.edu/disabilityservices.php>

Requests received after the deadlines below will be considered on a space-available basis after those received by the deadline.

Fall Semester Continuing Student– March 1, Freshmen– June 1, Transfer Student- June 1- **Spring Semester** Continuing Student– November 1, Freshmen– November 1, Transfer Student– December 1
Incomplete requests may be returned, which could delay processing.

Submit form and supporting documents to:
FAX 575-835-5899 EMAIL access@nmt.edu

Attention: Office for Student Access Services
New Mexico Tech
801 Leroy Place
Socorro, NM 87801

Section One — Student Housing Accommodations Request

(To be Completed by the Student. You may attach additional sheets, if necessary.)

Student Name: _____ 900 _____

Email: _____@student.nmt.edu Cell Phone: _____

Please Indicate the Accommodations You Are Requesting: _____

Please Explain the Reason (s) for Your Request: _____

For Students Requesting an Accommodation for a Disability or Medical Condition:

If you are requesting a single room as an accommodation for your disability or medically related condition, please describe the specific ways that sharing a room with another person does not address the functional limitations of your disability.

Optional: If additional medical information is needed from your physician or specialist, do we have permission to contact them directly?

YES

NO

Student Signature: _____ Date: _____

Physician Name: _____ Physician Phone: _____



(To be completed by a medical or mental health professional)

Please follow the instructions below to write a letter explaining suggested housing accommodations.

Student Name: _____

Licensed Professional Name: _____

Licensed Professional Signature: _____

Section 2: **Medical Professional Instructions**

Dear Medical or Mental Health Professional:

This student or resident is asking New Mexico Tech for accommodations related to the Americans with Disabilities Act (ADA) and/or the Fair Housing Act while living in university housing. By providing a full and complete response, you will help to expedite the processing of this student's accommodation request, and reduce the need to return to you for additional information.

To expedite this student's request, please submit a letter on official letterhead by the deadline below.

Fall Semester

Continuing Student– March 1

Freshmen– June 1

Transfer Student- June 1

Spring Semester

Continuing Student– November 1

Freshmen– November 1

Transfer Student– December 1

Illegible notes will be returned and processing will be delayed.

Please include the following in your letter, if relevant:

- 1) The Student/Resident's Name and their Student Identification Number, if possible
- 2) Describe your specialty, and how long the student has been in your care
- 3) Verify that the student has a qualifying disability that impacts one or more major life activities. Please state specific diagnosis.
- 4) Share information about the functional limitations of the student/resident's disability, and how these functional limitations may impact the student while in university housing
- 5) Explain the housing accommodations you believe the student needs.
- 6) Explain in detail how each accommodation you have recommended will address the functional limitations of the student's disability, clearly explaining the connection between the accommodation and the functional limitations of the student's disability.
- 7) Your signature and licensure information

Please submit the letter via fax, email, or postage to:

FAX 575-835-5899 EMAIL disability@nmt.edu

Attention: Office for Student Access Services

New Mexico Tech

801 Leroy Place

Socorro, NM 87801

This information will be kept private and will be used only for ADA accommodations.