



## 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: Laura Scroggins  
300 North Broadway  
Lexington, KY 40508

Phone: 859-233-8176 / Fax: 859-233-8797 / Email: [accessibility@transy.edu](mailto:accessibility@transy.edu)