



**ROYAL ROADS
UNIVERSITY**

Disability Services

REQUEST FOR ACCOMMODATION

STUDENT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ hereby authorize my healthcare practitioner to complete this "Healthcare Practitioner Statement". I authorize my healthcare provider to fully respond to the requested statement questions below as it relates to my request for accommodation (physical or academic) at Royal Roads University.

Student's Signature _____ Date _____

Student ID Number _____ Program _____

HEALTHCARE PRACTITIONER STATEMENT

Confirmation of Medical Condition/Primary Diagnosis:

1. Following examination, I certify that the above named person requires academic and/or physical accommodation for his/her studies at Royal Roads University due to the following medical condition, illness or disability:

If this condition is temporary, how long do you estimate that it will continue?

Diagnosis of a learning disability requires an assessment performed by a qualified registered psychologist. All other diagnosis should have documentation provided by the appropriate qualified medical practitioner.

2. Please describe the specific academic accommodation (e.g. extra time on assignments, private exam room etc.) the student requires:



ROYAL ROADS UNIVERSITY



Disability Services

HOUSING NEEDS

Please note:

- There are very few en-suite rooms available, priority is given to medical need.
- RRU is not obligated to house students, nor are students obligated to stay on campus, and while every effort is made to accommodate students' needs, some students may be more comfortable staying off campus.
- Standard dorm rooms are within a short distance of public washrooms/showering and bathing facilities, and are equipped with a twin sized bed, a desk, a lamp, a closet and a sink with hot and cold running water.
- "Urinary Frequency" is not sufficient cause for assignment of an en-suite for medical reasons.

To stay on campus during residency periods, the student requires:

Private bathroom Yes ___ No ___ Not Applicable ___

If yes, why? Please be as specific as possible:

Queen sized bed Yes ___ No ___ Not Applicable ___

If yes, why? Please be as specific as possible:

Are there any other physical accommodations (safety rails in bathroom, sharps containers etc.) the student requires for housing on campus?

Name of Attending Healthcare Practitioner _____

Address: _____ **Phone:** _____

Signature: _____ **Date:** _____

*The information in this report is considered confidential.
Any charge for completion of this form is the responsibility of the Student.
This document may be faxed to the University Life office at (250) 391-2670.*

Documentation is deemed to be current for a maximum of two years.