Accommodation Request based on Religious Observance

Columbia Residential is committed to providing a safe, inclusive and supportive experience for all students. We recognize student observance of their faith tradition may require provision for reasonable accommodation. We will work with students in an effort to meet their individual needs and will engage in an interactive process to determine reasonable accommodations. Accommodation requests must be submitted prior to the student receiving a housing assignment. Kindly note, submitting this request does not guarantee preferred room type or campus neighborhood.

SECTION I: TO BE COMPLETED BY THE STUDENT

Full Name: ____________________________  CU PID: ____________________________
Phone: _______________________________  Email: _____________________________
Briefly describe the accommodation needed: _______________________________________
____________________________________________________________________________
How do you meet this need in your current living environment? __________________________
____________________________________________________________________________
This form and the supporting documentation (see below) must be received within 5 business days of housing application submission. Requests submitted after housing assignments have been made may not be able to be accommodated. If Columbia Residential becomes aware that false information was submitted on behalf of an applicant, Columbia Residential may not accept the forms or may cancel the housing contract.

By submitting this form, I attest that the information contained within is truthful and reflects my current religious practice.

Student Signature ____________________________________________ Date ___________

SECTION II: TO BE COMPLETED BY STUDENT’S RELIGIOUS LEADER (e.g., Rabbi, Imam)

Please provide a statement on organizational letterhead, along with this completed form, affirming the student's sincerely held religious practice and return to the student. Your signature and statement provide validation for the student's current and sincerely held religious/faith practice and accommodation need.

Full Name: ____________________________ Position Title: ____________________________
Phone: _______________________________ Email: _______________________________
Relationship to student: ____________________________ Last interaction with student (date): ____________________________
Best time to reach you if we have questions regarding the student's request? ____________________________
Signature: ____________________________ Date: ____________________________

Please submit completed form and religious leader statement to Columbia Residential