



Housing Accommodation Request Form for Students with Disabilities

Students with disabilities that require a specific type of housing assignment to ensure equal access to the housing program may request a housing accommodation through the Office of Special Services. For qualified students with documented disabilities, the Office of Special Services recommends housing accommodations to the Office of Student Life. Housing placements are prioritized based on documented need. When possible, the preferences of the students are considered.

Directions to Students:

- Complete Part I
- Sign the Consent for Release of Information in Part I and Part II
- Provide Part II to your disability evaluator or physician

Part I: Student to complete the following:

Name (please print clearly): _____

Student Contact #: _____

Cazenovia Email: _____

Status/Campus: Incoming Freshman Transfer Returning

Accommodation Request is for: Fall Spring Year: _____

1. State the disability for which you are requesting a housing accommodation:

2. Please explain the housing accommodation(s) you are requesting.

3. Have you had this accommodation at Cazenovia College in the past? _____

4. Please describe how this accommodation will reduce the impact of your disability in the residence halls.

5. Please add any other information you feel is important for us to consider in reviewing your request.

6. Would you like the Office of Special Services to contact you regarding disability related academic accommodations or support services? Yes _____ No _____

Student Signature: _____

Date: _____

Consent for Release of Information (to be completed by student):

I authorize _____ (physician or evaluator's name) to disclose the information requested by this form to the Office of Special Services at Cazenovia College for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other College offices.

Student Signature: _____ Date: _____

Part II: Physician or Disability Evaluator Verification *(this section should be completed by an evaluator independent of Cazenovia College)*

Consent for Release of Information (to be completed by student):

I authorize _____ (physician or evaluator's name) to disclose the information requested by this form to the Office of Special Services at Cazenovia College for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other College offices.

Student Signature: _____ Date: _____

PROFESSIONAL EVALUATION OF DISABILITY

Accommodations are only available to students identified as having a disability. **A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities."** Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

1. Based on this definition does the individual have a disability? _____ Yes _____ No

Date of original diagnosis: _____ Date of most recent evaluation: _____

Is the student currently under your care? _____ Yes _____ No

2. State the student's disability diagnosis, including diagnostic code.

3. Describe the student's functional limitations or behavioral manifestations caused by the condition. What do you foresee as the impact living in a college residential hall setting?

4. What is the expected duration, stability, or progression of the disability?

5. Is the disability mediated or controlled by medications, other treatments, or external prosthetics? ___Yes___No

6. Please describe current treatments, prosthetic devices, and or medications prescribed.

7. Please state specific recommendations for reasonable housing accommodations to address the functional limitations noted above.

8. What housing accommodations do you consider to be preferred but not medically necessary?

THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID

Physician or disability evaluator INFORMATION (Please Print)

Name: _____

Title: _____ Specialty: _____

Office Address: _____

Phone: _____

License/Certification Number and State of License _____

How long have you treated this patient? _____

Date of most recent office visit? _____

May we contact you if we have questions about this student's accommodation request? ___Yes___No

Signature: _____

Date: _____

PLEASE MAIL or EMAIL COMPLETED FORM TO:
Office of Special Services
Cazenovia College
22 Sullivan Street, Cazenovia, NY 13035
E-mail: cpratt@cazenovia.edu
315-655-7308