The College is committed to working with students to identify housing options to address their disability specific needs. Reasonable housing accommodations are available to eligible students with disabilities who: (1) have met all eligibility requirements and payment deadlines for housing; and (2) have given the College notice of a disability and demonstrated a need for reasonable housing accommodations.

If students need for accommodation does not change, a student would not need to submit a new Housing Form each year. Instead, the student will work with the College to update any housing information annually as necessary.

To ensure that housing accommodation request can be reviewed and addressed in a timely manner, the College encourages students to comply with the following deadlines:

- **February 1**: Due date for Continuing Students to Submit a new or Updated Housing Form for the following Fall Semester.
- **June 1**: Due date for New Incoming Students to Submit the Housing Form for the following Fall Semester.
- **December 1**: Due date for New and Continuing Students to Submit the Housing Form for the following Spring Semester.

To request a housing accommodation, the student must complete Part 1 of this form and submit via e-mail or in person to:

The Office of Services for Students with Disabilities (the “Office)
The College of Saint Rose
432 Western Ave., Albany, NY 12203
(518) 337-2335
Disability@strose.edu

In the event that a student’s disability or need for housing-accommodation is not known or readily apparent, the College may request that a qualified licensed healthcare professional complete Part 2 of this form.
The College of Saint Rose
Housing Accommodation Request Form

Name: ___________________________________________    Date: ______________

Student I.D. #: _________________________      Residence Hall: _______________________________

Cell Phone #: _____________________________________ Gender: __________________________

Home Address: ______________________________________________________________________

E-mail address: _________________________________________________

Student Status: _____First Year     _____Transfer      _____Sophomore      _____Junior      _____Senior

Student Disability Information
Specify your diagnosis or diagnoses and provide the date of the original diagnosis:
_____________________________________________________________________________________
_____________________________________________________________________________________

Please explain your request and your rationale for the need for the accommodation(s) that you are
requesting: __________________________________________________________________________
_____________________________________________________________________________________

This request is the result of a permanent and/or recurring condition and I will need to be accommodated
for the remainder of the time I reside in campus housing.   _____ Yes       _____ No

Student’s Signature _________________________________________________________________
PART II

If requested by the college, please have a licensed health care provider complete the following section of this form. Please print clearly and legibly. The licensed health care provider may also choose to provide the information requested in this section on a separate professional letterhead.

Student’s name: _____________________________________________________

Healthcare Provider’s Name: ____________________________________________

Healthcare provider’s credentials: _______________________________________

Healthcare provider’s Address or office stamp: ________________________________

Phone Number: ______________________________

Student’s Clinical Diagnosis: _____________________________________________

Date of initial Diagnosis: _________________

How long has the student been in your care? ________________________________

When was the student’s last visit? _________________________________________

Please explain the impact of the student’s condition(s) on their daily life:
_____________________________________________________________________
_____________________________________________________________________

Please identify what housing accommodations you believe are necessary to accommodate the student’s condition(s) and the basis of your recommendations:
_____________________________________________________________________
_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

3
If the student has previously resided on campus without your recommended accommodation, please explain why your recommendations are now necessary:

_____________________________________________________________________________________

Please explain how the student will be impacted if the requested accommodation is denied:

_____________________________________________________________________________________

Please describe any environmental modifications the student may need:

_____ lowered bed

_____ shower seat/ safety rails

_____ special fire alarm (strobe, bed shaker, etc.)

_____ ground floor or elevator

_____ separate refrigerator for medication

_____ other (explain)

Healthcare provider’s signature ______________________________________________________

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Staff Use only:

Approved: _____  Denied: _____  Date: _____