

DIVISION of STUDENT AFFAIRS

Special Housing Accommodation Request Form & Process

What is this form and process?

Please read this entire form. Students may request special housing if they have a qualified medical condition or psychological/medical disability defined by the Americans with Disabilities Act. Only completed requests made will be shared and reviewed by, if necessary, the Offices of Residential Life, Wicker Wellness Center, Accommodative Services and/or Dining Services. Students completing this form may be contacted by the Accommodative Services Office in order to process this request. This request form needs to be completed and returned to Accommodative Services:

Accommodative Services Office

Phone: (518) 388-8785 | Email: harrings@union.edu

Student Information (signature on last page):

Last Name: _____ First Name: _____

Cell Phone: _____ Email Address: _____

Home Address: _____

_____ Class Year: _____

Current Housing Assignment: _____ Union ID: _____

Section to be completed by Physician/Medical or Psychological Provider:

1) Please indicate the nature of the special housing request:

Medical _____ Food Related _____ Mental Health _____ Other: _____

2) What specific housing accommodations are you recommending?

3) What is your diagnosis for the student? How does the stated request relate to the student's condition?

- 4) What major life activity(ies) is/are substantially limited by the student's condition? Please provide details regarding the chronicity, duration, and severity of these limitations.

- 5) How will the requested housing accommodation address the limitations described above?

- 6) What other options are available for improving the limitations described above?

- 7) What potential adverse effects could result if the requested housing accommodation were denied?

- 8) How long have you been working with the student? Please list date last seen and number of sessions?

- 9) What, if any, medication(s) is the student taking? Please list medication(s) and dosage.

NOTE: Please feel free to attach additional documentation supporting this request.

Additional questions for Emotional Support Animal requests:

- 1) Did you diagnose the student with his/her disability? If not, who did? Please provide name and contact information.

- 2) Does the student require ongoing treatment from you? Another provider?

- 3) Which specific symptoms will be reduced by having the animal? Please describe the nexus between the animal and the symptom reduction.

- 4) Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing on campus? Do you believe those additional responsibilities might exacerbate the student's symptoms in any way?

* Provider Signature: _____ Date: _____

* Medical Specialty/Area of Practice: _____

* Print Name: _____ State, License No.: _____

* PLEASE NOTE: License number and official stamp if applicable. Requests will not be processed without provider signature.

Important Process Information:

Once your complete request is advanced by the Accommodative Services Office to the appropriate department(s), we may request additional information from your provider who is primarily responsible for treating your particular condition.

A completed request consists of this form and any additional materials/documentation that includes particular details. The provider may not be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative).

Returning Students Please Note: All requests will be reviewed on a case-by-case basis and documentation of a specific need or disability does not guarantee that your request will be approved. Assignments are approved only if deemed necessary by the College and only if the space is available. Assignment to a specific residence or roommate is not an accommodation. All students approved for special request housing are not eligible to participate in the room selection process, but will receive a housing assignment with the approved accommodations. A student who requests disability housing accommodations through this process has 10 business days to accept or decline the accommodation from the date the accommodation is offered.

New Students Please Note: All requests will be reviewed on a case-by-case basis and documentation of a specific need or disability does not guarantee that your request will be approved. Assignments are approved only if deemed necessary by the College and only if the space is available. Assignment to a specific residence or roommate is not an accommodation. All students approved for special request housing are not eligible to participate in the room selection process, but will receive a housing assignment with the approved accommodations. A student who requests disability housing accommodations through this process has 10 business days to accept or decline the accommodation from the date the accommodation is offered. New students must participate in the Housing Deposit and Housing Application processes while they are going through this process, to be eligible for housing.

Special accommodations are extremely limited and thoroughly screened. All forms and supporting documents may be shared with relevant College personnel within different departments. After the proper department(s) review the request, they will make a recommendation to the Accommodative Services Office. The approval and/or denial will be communicated in writing via email by the Accommodative Services Office.

I have read this form thoroughly and agree to the process described in this form.

****We recommend you submit a short statement as to why, in your own words, this accommodation is necessary.***

*Student Signature: _____ Date: _____

*PLEASE NOTE: Requests will not be processed without student signature.