

DIVISION of STUDENT AFFAIRS

Special Housing Accommodation Request Form

Union College complies with the [Americans with Disabilities Act of 1990](#), [Section 504 of the Rehabilitation Act of 1973](#), and the [Fair Housing Act](#). Special housing accommodations are intended for students with a qualifying disability that substantially limits their ability to function daily in a residence hall environment. Such an accommodation is not based solely on a diagnosis, but rather on a comprehensive analysis of a student's disability and how that disability directly interferes with one or more major life activity/activities as would be encountered in the residential setting.

Students may request special housing accommodations if they have a documented disability defined under the Americans with Disabilities Act. Students should review the [Requesting Special Housing Accommodations Guidance](#) prior to submitting this form to Accommodative Services. Students who wish to request a special housing accommodation due to a qualifying disability must complete Section 1 of this form. Section 2 of the form (pages 4 - 5) must be completed in full, with official stamp, by a licensed professional who is currently treating the student and is qualified to address the student's needs.**

** Students who are having more than one licensed provider fill out Part 2 due to the nature of the request and/or disability must complete Part 1 on each form.

The student should submit this fully completed form to accommodations@union.edu. The Special Housing Committee will only review fully completed forms. As part of the interactive process, students requesting special housing accommodations may be contacted by Accommodative Services and/or the Special Housing Committee in order to process this request.

Accommodative Services Office

Phone: (518) 388-8785 | Fax: (518) 388-6444 | Email: accommodations@union.edu

Section 1: To be completed by Student (student signature required below)

Last Name: _____ First Name: _____

Cell Phone: _____ Email Address: _____

Home Address: _____

Class Year: _____ Union ID: _____

Current Housing Assignment: _____ Application date: _____

1. What special housing accommodation(s) are you requesting (e.g., air conditioner, single, close proximity to bathroom, single with private bathroom, etc.)?

Student Name: _____

2. What barrier(s) does your disability/condition present for you that you believe will be mitigated if your request is approved? Please explain.
 - a. Please identify any equipment or access needs that may accompany your request.
3. What is your residential living history? Please include prior Union residential assignments as well as residential history before you came to Union.
4. What previous experiences have you had that suggest the requested accommodation is necessary for the Union environment?
5. What alternative resources could you utilize to meet your needs if your special housing accommodation request is denied?
6. Is there any other information you would like the Special Housing Committee to consider when reviewing your application?

Important Process Information

- Once the completed request is received by Accommodative Services and reviewed by the Special Housing Committee, the College reserves the right to request additional information, if needed, including meeting with the student and/or asking for further written documentation, or asking to speak with the licensed provider who is primarily responsible for treating the student.
- All requests will be reviewed on a case-by-case basis, and documentation of a specific need or disability does not guarantee that a request will be approved.
- After the Special Housing Committee has met, students will be notified by Accommodative Services via email if they have been approved, denied or if more information is needed for the requested special housing accommodation(s).
- For students who are applying outside established deadlines due to a newly diagnosed condition, decisions made by the Special Housing Committee may take up to 4 weeks, depending on the situation and the submission date of the application.
- Special housing accommodations may be approved for a specified period of time or for an entire academic year.
- Approved requests that require a change in room assignment may not be immediately available and will be implemented based upon availability. In the event of limited room availability, the student will be put on the waiting list for the approved accommodation. The supply of single rooms is limited.
- Assignment to a specific residence or roommate is not an accommodation.
- All students **must** still participate in the Housing Deposit and/or General Housing Application processes while they are going through this Special Housing Accommodation Request process, to be eligible for housing.

STUDENT SIGNATURE:

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

Student Print Name: _____

Student Signature: _____ Date: _____

****Requests will not be processed without a student signature.****

Section 2: To be completed by Physician/Medical or Psychological Provider

****All questions must be answered in full. Do not skip questions.****

Student Name: _____

1. What is your diagnosis for the student? Include a clear diagnosis of the disorder(s) based on DSM 5 or ICD-10 criteria, including subtype if applicable, and diagnostic code.

2. List the student's symptoms, including a list of the DSM 5 or ICD-10 diagnostic criteria as the basis for the diagnosis.

3. What is the date of the diagnosis(es) and length of treatment?

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 mitigate the limitations described above?

6. Can the student's needs be met with alternative accommodations (e.g., change of roommate, ability to choose roommate, etc.)? If not, please explain.

Student Name: _____

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

8. How will the student manage their symptom(s) in other campus settings, such as classrooms, library or dining halls?

9. How long have you been working with the student? Please list the date last seen and number of sessions.

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

☐ **I affirm that I am a licensed provider currently treating the above student, and that I am qualified to address the student's needs. I am not a relative or close friend of the student or the student's family.**

Provider Signature: _____ Date: _____

Print Name: _____

Medical Specialty/Area of Practice: _____ State Lic. No.: _____

Official Stamp:

****Requests will not be processed without provider signature and official stamp.****

**** Any accompanying documentation and/or letter submitted in addition to the required form and questionnaire must be on the provider's letterhead.**
