Office of Accessibility Services

Housing Accommodation Request Form

All of the following steps must be completed before a determination of your housing request can be made. Please note that students who are requesting housing accommodations for the following academic year must have paid their housing deposits before their request will be reviewed.

1. Complete this Housing Accommodation Request Form and submit to the Office of Accessibility Services by the appropriate deadline if requesting for the following academic year.
	1. Current SUNY Geneseo students = April 1
	2. NEW Incoming SUNY Geneseo students = July 1
2. If you are not a student currently registered with the Office of Accessibility, submit documentation per the documentation guidelines
3. Schedule an intake meeting with the Assistant Dean of Accessibility

**Section A of this form is to be completed by the student. Section B is to be completed by the treatment provider.** Please submit completed forms and other relevant documentation via email and contact the Office of Accessibility Services to schedule an intake meeting.

Office of Accessibility Services

SUNY Geneseo

1 College Circle

Erwin Hall 22

585-245-5112 (phone)

585-245-5091 (fax)

access@geneseo.edu

# **Section A: Student Information**

Student’s Legal Name: Click to enter name here. Date: Click or tap to enter a date.

Student’s Preferred Name (if different): Click to enter preferred name.

Date of birth: Click or tap to enter a date. Student ID: G00Click to enter G number.

Local Address/Residential Hall: Click or tap here to enter local address.

Permanent/Home Address: Click or tap here to enter home address.

Cell Phone: Click or tap here to enter cell phone number. Home Phone: Click or tap here to enter home phone number.

Geneseo E-mail: Click or tap here to enter Geneseo email address.@geneseo.edu

Other E-mail: Click or tap here to enter personal email address.Expected Graduation Date: Click or tap to enter a date.

Transfer student? If yes, please list your previous institution: Click or tap here to enter previous institution name.

Current matriculated (circle one): Click here to choose. Declared major or Undeclared: Click or tap here to enter major/minor.

 The current request is for:

 [ ] Fall Click or tap here to enter year. (year)

 [ ] Spring Click or tap here to enter year. (year)

## **Disability Information and Accommodation History**

1. Please indicate your current documented disabilities/diagnoses (check all that apply)

[ ] Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADHD)

[ ] Specific Learning Disability [ ] Autism Spectrum Disorder

[ ] Deaf/Hard of Hearing [ ] Blind/Visual Impairment

[ ] Traumatic Brain Injury (TBI) [ ] Physical Impairment

[ ] Chronic Medical Condition [ ] Other Click or tap here to enter text.

1. If known, approximately what age were you diagnosed? Click or tap here to enter age.
2. Are you currently registered with the Office of Accessibility? Choose an item.
3. Are you currently approved or applying for other housing or academic accommodations? If yes, please list the accommodations you are currently approved for or applying for:
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
* Click or tap here to enter text.
1. Please describe how your disability impacts your ability to function in the Residential Hall setting: Click or tap here to enter text.
2. Please describe your previous experiences in the Residential Halls: Click or tap here to enter text.
3. Please describe the specific accommodation which you believe if necessary for you to have access to the campus living environment at SUNY Geneseo. Click or tap here to enter text.

## **Consent for Release of Information**

I authorize the Office of Accessibility to receive information regarding my need for a housing accommodation from the below treatment provider:

Treatment provider name: Click or tap here to enter text.

Student signature: Click or tap here to enter text. Today’s date: Click or tap to enter a date.

# **Section B: Treatment Provider Information**

**This section is to be completed by a qualified, licensed medical or mental health professional who is familiar with the student’s history and can attest to the student’s functioning in a college environment. This section is not to be completed by the student or relative of the student.**

Treatment provider name: Click or tap here to enter text.Today’s Date: Click or tap to enter a date.

Work address: Click or tap here to enter text.

Phone number: Click or tap here to enter text. Email: Click or tap here to enter text.

License Number: Click or tap to enter a date. State of Licensure: Click or tap here to enter text.

Signature: Click or tap here to enter text.

1. Please describe the students’ current diagnosis/es, including intensity, frequency, and duration of current symptoms: Click or tap here to enter text.
2. Is the student’s disability permanent, episodic, or temporary? Click or tap here to enter text.
3. Please describe how the student’s current diagnosis/es impacts their daily life in the college environment (e.g., what are the functional limitations)? Click or tap here to enter text.
4. Please indicate how long you have been treating the student, and date of the last visit: Click or tap here to enter text.
5. Please describe the current treatment, including any medications: Click or tap here to enter text.
6. Please indicate the accommodations you would recommend for the student, based on their current diagnosis/es: Click or tap here to enter text.
7. Please describe the rationale for the above accommodations: Click or tap here to enter text.
8. Additional Comments: Click or tap here to enter text.

**Office Use Only**

Date intake form received: Click or tap to enter a date.

Date documentation received: Click or tap to enter a date.

Other: Click or tap here to enter text.