Housing Accommodation Request Form

Student Information

Student’s Name: ____________________________________________

B- Number: ________________________________________________

Email Address: _____________________________________________ @binghamton.edu

I am a (Check one):

_____ Current student requesting accommodations for the future academic year.

_____ New student applying for accommodations to begin my first semester.

_____ Student returning from leave or other time away: requesting accommodations for my first semester back.

_____ Current student requesting accommodations for my current housing placement.

Students with documented long-term or permanent disabilities or serious medical conditions may request housing accommodations. To be eligible for housing accommodations the student must have a disability, and the disability must necessitate adjustments to the living environment.

Students requesting disability related housing accommodations should first go through the standard Residential Life housing process.

University Housing will make every effort to accommodate housing requests for students who acquire a disability or medical condition after room assignments are made; however, some accommodations may be limited by housing availability.

Information About the Student’s Disability: (A person with a disability is defined as someone who has “a physical or mental impairment that substantially limits one or more major life activities.”)

1. What is the nature of the student’s long term, permanent, or serious medical condition? Please provide pertinent background information related to the student’s disability.

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________________________________________________________________________
2. How is the student substantially limited by this disability such that it necessitates an adjustment(s) to the living environment?

3. How long have you been working with the student regarding this diagnosis?

4. Please describe specific symptoms that may be reduced by accommodative housing?

5. Is there a negative health impact that may be permanent if the specific request is not met?

6. Can you recommend alternate accommodations?

7. Is the student’s disability permanent, temporary, or cyclical?
8. Does the request relate to housing adaption in the residence hall?

Please provide contact information, sign and date this questionnaire (below), and return it to:

Services for Students with Disabilities
Binghamton University
P.O. Box 6000
Binghamton, NY 13902
Fax: 607-777-6893
Email: ssd@binghamton.edu

Contact information

Name: __________________________________________________________
Address: ______________________________________________________
FAX and/or Email address: _______________________________________
Telephone #: _________________________________________________
Professional Signature: _________________________________________
License #: ____________________________________________________
Date: __________________________________________________________

Office Use Only

*This Housing Request is for the ________ Academic Year(s).