Housing Accommodation Request Form

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. Housing accommodations are always based on availability.

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

Students requesting housing accommodations must have the following information completed by the appropriate professional. It cannot be a relative.

Physical disabilities: Licensed physician who is most knowledgeable about the functional impact of the disability.

Mental health disabilities: Licensed psychologist, Nurse Practitioner of Psychiatry (NNP) or psychiatrist who is currently treating the student. The student must currently be in treatment.

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 (must be an admitted student) applying for fall/spring accommodations.

______ Student returning from leave or other time away.

______ Current student requesting accommodations for my current housing placement.
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.

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 will be reduced by accommodative housing?

5. Is there a negative health impact that may be permanent if the specific request is not met?
6. Is the student’s disability permanent, temporary, or cyclical?

7. 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).