

## Housing Accommodation Provider Form

It is important you begin this process as soon as possible once you are an accepted student.

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 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: A licensed provider (e.g., psychologist, psychiatrist, neuropsychologist, social worker, psychotherapist) may use this form to provide information related to the student's psychological disability and who is currently treating the student. The student must currently be in treatment.**

### Student Information

Student's Name: \_\_\_\_\_

Student DOB: \_\_\_\_\_

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.

Submitting for Semester(s): Fall \_\_\_\_\_ (year)

Spring \_\_\_\_\_ (year)

**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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**ICD and/or DSM Code:**

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2. **How is the student substantially limited by this disability such that it is medically necessary to alter the living environment? What is the specific request as it relates to the functional impact of the student's disability?**

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

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4. **If applicable, please describe specific symptoms that will be reduced by accommodative housing:**

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5. **Please indicate and describe if the request is for one or more of the following: Restroom Access Needs; Wheelchair Accessible; Visual/Vibrating Alarm; Shaker Bed; Automatic Door Opener to Room**

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6. Please describe the specific accommodation you are supporting for this student.

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7. Is the student's disability permanent, temporary, or cyclical?

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**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](mailto:ssd@binghamton.edu)

**Contact information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**FAX and/or Email address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Professional Signature:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Date:** \_\_\_\_\_