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:** 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.

**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.**

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

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**
6. Is the student’s disability permanent, temporary, or cyclical?


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: _______________________________________________