

Housing Accommodation Request Provider Form

A licensed provider (e.g., MD, oncologist, NP, psychiatrist, neuropsychologist, psychotherapist) may use this form to provide information related to the student's need for a housing accommodation necessitated by their disability. This information will be used in conjunction with a student interview to begin assessing the functional impact of the student's disability and appropriate equal access housing accommodations. Please comment on all sections. If available, you may attach your most recent clinical note and an initial evaluation to clarify responses.

*Forms may be completed electronically, but must include either an **original signature** or **office stamp** to be authenticated. **FORMS WITHOUT THESE WILL NOT BE REVIEWED.***

Student's Legal Name: _____

Student's Preferred Name and Pronouns: _____

Student's Date of Birth: _____

Part I: Diagnosis Information

1. Student's Name: _____

2. Student's Diagnosis (including ICD/DSM code): _____

3. Date of Original Diagnosis: _____

4. Date of Last Visit: _____

5. Is the student currently under your care: Yes No

6. If you did not provide the original diagnosis, can you confirm?

I provided the diagnosis Yes, I can confirm No

Part II: Accommodation Request:

7. Describe how the disability's functional impact may impact the student in a residential setting. Include the impact of medication or other treatments.

8. Please provide justification for each housing accommodation you are requesting. Please leave blank if the accommodation does not pertain to this student.

Accommodation	Description	Please note the symptoms and how this accommodation will reduce them.
Exterior Automatic Door Access	Student's ID will automatically open the exterior door of the students building and hold it open for approximately 10 seconds.	
Climate Control	Building operates on a controlled heating/cooling system that maintains internal temperature within the range of 68 degrees - 74 degrees depending on outside temperature.	
Private Bedroom	A bedroom that is not shared between roommates. Common spaces will be shared.	
Semi-Private Bathroom	A bathroom that is shared between only 1-2 people. This bathroom is enclosed within the living space.	
Braille on Communal Appliances	Braille on laundry machines, stove/oven, communal microwave, etc.	
Strobe Light Fire Alarm and Doorbell	A flashing light that produces high-intensity short-duration light pulses to notify students of a fire alarm.	
Accessible Bedroom/Common Area	Wheelchair accessible, lower peep hole, moveable furniture, and accessible kitchen if in the apartments. *Please note if grab bars are required in the bedroom	
Accessible Bathroom	A bathroom with a roll in shower, grab bars, and accessible fixtures	
Residence Hall on Level Terrain	A room in a hall that does not require students to walk up stairs or a hill from the main building entrance.	
First Floor Room	Room that is accessed without the use of stairs	
Other	Please specify:	

9. If these accommodations are not approved or able to be met, what are other options for reducing the impact described above?

10. Any Additional Information the SSD office should be aware of:

Please complete the Provider's Contact Information below, and return it to:

Services for Students with Disabilities -UU119
Binghamton University
P.O. Box 6000
Binghamton, NY 13902
Phone: 607-777-2686
Fax: 607-777-6893
Email: ssd@binghamton.edu

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Provider's Contact Information:

Name & Credentials: _____

Area of Specialization: _____

Address: _____

Fax and/or email address: _____

Phone: _____

License Number and State: _____

Signature: _____

Date: _____