

Process Overview

The Housing Accommodation Request Form is intended for students who are requesting reasonable accommodation due to disability or diagnosed medical/psychological condition. Information provided on this form is protected by FERPA and therefore is shared on a need-to-know basis only.

Roommate request: If applicable, students who have an on-campus housing accommodation may request **up to one roommate** during the housing selection process if space permits. *Students with a single room accommodation, including those in a suite or apartment, do not have a shared bedroom and are therefore not eligible for a roommate request.* The requested roommate must be in the same or earlier graduation year as the student with the accommodation. In other words, a student with a housing accommodation cannot request multiple students as roommates and a junior with an accommodation may not request a first-year student. Such requests would create a fundamental alteration to the housing selection process. Roommate requests may not always be possible based on the timing of a request and available space.

Residence hall preference: This request will be considered during the Spring semester for the following academic year. Requests are considered based on the likelihood that a student would otherwise achieve such preference through the housing selection process. For example, a rising senior who indicates an apartment preference is more likely to have that request honored than a rising sophomore, who would likely be placed in a suite or traditional style housing.

Student-athletes: If the disabling condition has the potential to result in further injury or safety risk to self or others, the Office of Accessibility Services (OAS) may share relevant information with Athletics. In such case, it is possible that a student's ability to participate in an athletic team would be impacted. This does not impact a student's eligibility for reasonable accommodation.

Submitted forms are reviewed by OAS, which may seek input from Residence Life, Student Health and Counseling, Dining Services, Environmental Health & Safety, or other departments to identify ways in which the University can reasonably accommodate a student. Requests are reviewed based on a number of factors, including but not limited to, the severity of the student's disabling condition, the severity of impacted major life functions, medical necessity of an accommodation, and the University's ability to provide a reasonable accommodation.

Requests for follow-up information and decisions will be sent to the student's Clarkson email. The University will communicate directly with the student requesting the accommodation and, as needed, the provider. The office does not communicate with other students, family, or friends of the student requesting the accommodation. If a student needs assistance understanding the reasonable accommodation process, they may request an individual to be present during any meetings or phone calls, but all communication is directly between OAS and the student making the request.

Completing the Housing Accommodation Request Form

Section 1: Completed by the student requesting medical accommodation. The student shows this completed portion to their provider when requesting they complete Section 2.

Section 2: Completed by a licensed diagnostician or qualified clinician (e.g. primary physician, nurse practitioner, physician's assistant, licensed mental health professional, etc.). The diagnostician must have an established patient relationship with the student, have provided treatment for the condition, and be an impartial individual who is not a family member of the student.

Submitting completed forms: Students submitting a new request shall submit both Section 1 and Section 2 through the OAS Intake Form on myCU. Students submitted a renewal request shall submit Section 1 through email to oas@clarkson.edu. Questions should be addressed to oas@clarkson.edu or 315-268-7643.

Deadlines

Current students: Forms must be submitted by **March 1** for the fall semester. After this date and for the spring semester, completed forms are accepted but space may be unavailable. All students must renew their request on an annual basis, regardless of their housing accommodation type.

Incoming students: Forms must be submitted by **June 15** for the fall semester and **December 1** for the spring semester. After these dates, completed forms are accepted but space may be unavailable.

Section 1: Completed by Student

First and Last Name: _____ Student ID: _____

Semester to begin reasonable accommodation, if approved: _____ Graduation Year: 20_____

Type of request: ☐ New, temporary condition ☐ New, ongoing or permanent condition
☐ Annual renewal of pre-existing accommodation (Section 2 not required)Are you a student-athlete? ☐ No ☐ Yes; Team: _____Briefly describe the disabling condition/diagnosis for which you are requesting reasonable accommodation.

_____What major life functions are substantially impacted by the related condition in your daily life?

_____How are these major life functions substantially limited for you in a residential setting and/or your living environment?

_____What specific environmental factors exacerbate the related condition?

_____Please select the requested reasonable accommodation(s). *Note: This does not indicate approval or availability.*

- | | |
|---|--|
| ☐ Elevator access | ☐ Single bedroom |
| ☐ First floor room | ☐ Visual fire alarm strobe in bedroom |
| ☐ Near academic buildings | ☐ Wheelchair accessible |
| ☐ Semi-private bathroom access | ☐ Other: _____ |

Roommate Request (not guaranteed; maximum of one person; considered for on-campus accommodations; not applicable for single bedroom accommodations): _____

Residence Hall Preference (not guaranteed; considered based on cohort): _____

I have read the instruction page of this form. I understand that this form will be reviewed to determine my eligibility for reasonable accommodation. I understand that other departments may be contacted to plan for and implement my accommodation. I understand that the University has an obligation to provide reasonable accommodation based on a disability, which may be different from my request or preference. All provided information is accurate to the best of my knowledge. I understand that intentionally providing false information would constitute a violation of the Code of Student Conduct and will result in disciplinary action.

Student Signature_____
Date

Section 2: Completed by Licensed Diagnostician or Clinician

The student is applying for a reasonable accommodation at Clarkson University due to a qualifying disability under ADA. In order for the University to establish whether this student qualifies for such accommodation, we need your assessment and diagnosis of the student in addition to their completion of Section 1.

An appropriate licensed diagnostician or qualified clinician (e.g. primary physician, nurse practitioner, physician's assistant, licensed mental health professional, etc.) must complete this form in full. **All questions are required.** The diagnostician must have an established patient relationship, have provided treatment for the condition, and be an impartial individual who is not a family member. This completed form can be returned via email at oas@clarkson.edu or fax ATTN: OAS at (315)268-6643.

Patient/Student Name: _____ Date: _____

Current diagnosis and date of original diagnosis: _____

Anticipated duration of the condition:

- ☐ Temporary (e.g. broken bone); approximate duration: _____
- ☐ Ongoing: No clear recovery date, but condition may improve throughout college
- ☐ Permanent: Little, to no, possibility of recovery

Describe (or attach) a detailed treatment management plan, including a list of daily medications. _____

Complete the chart on the following page. Major life functions may include but are not limited to breathing, caring for self, communicating with others, eating, hearing, learning, lifting, reaching, reading, seeing, sitting, sleeping, talking, thinking, walking, and writing. Include an attachment if necessary.

(Continued on next page)

Indicate each major life function that is substantially limited.	How does the condition substantially limit the major life function in a residential setting?	Is functional limitation life threatening?

Provide your professional opinion on the medical necessity of the following accommodations based on the student's condition. If identified as medically necessary, provide supporting information for the University's consideration. Note this does not guarantee approval or availability. Include an attachment if necessary.

Requested Housing Accommodation	Assessment of Medical Necessity	Describe the Symptom(s) Associated with the Student's Condition which Necessitate this Accommodation
Elevator access	☐ Medically necessary ☐ Convenient, not medically necessary	
First floor room	☐ Medically necessary ☐ Convenient, not medically necessary	
Near academic buildings	☐ Medically necessary ☐ Convenient, not medically necessary	
Semi-private bathroom access	☐ Medically necessary ☐ Convenient, not medically necessary	
Single bedroom	☐ Medically necessary ☐ Convenient, not medically necessary	
Visual fire alarm strobe in bedroom	☐ Medically necessary ☐ Convenient, not medically necessary	
Wheelchair accessible	☐ Medically necessary ☐ Convenient, not medically necessary	
Other (please specify): _____	☐ Medically necessary ☐ Convenient, not medically necessary	

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Are there alternative accommodations that would address student's related condition other than the housing accommodations you indicated as medically necessary?

Students are required to live on campus for four years. The University is able to accommodate almost all medical needs due to a variety of housing styles (traditional corridor, suites with bathrooms, apartments, and off-campus apartments). Through the regular housing process, students are permitted to select their own roommates. There are extraordinary occasions in which the University cannot meet a student's medical need through campus housing. **If you believe that is the situation for this student, please describe the functional limitations that cannot be met through University housing and detail the specific environmental needs for the student's condition.** The University will review the request and determine what accommodations can be provided to the student.

By completing this form, I attest that the student's aforementioned conditions rise to the level of a disability under ADA/504 and require reasonable accommodation for housing. I attest that I have reviewed Section 1 (completed by the student) and completed Section 2 accurately and in full.

Printed Name and Title	Signature	Date
Certification or License #	Phone #	Fax #
Clinic Name	Street Address	City, State, ZIP Code