HOUSING ACCOMMODATION REQUEST FORM - Part I

To be completed by the Student

This form is to request accommodations for College Housing for medical, psychological, or learning disability needs. We understand that there are exceptions and circumstances where particular requests and accommodations need to be considered, and they are evaluated carefully. To evaluate requests for housing based on medical, psychological or disability needs accurately and equitably, we require documentation. This documentation consists of an evaluation by an appropriate professional that relates the current impact of the condition to the request. Medical information is confidential and is maintained in the Disability Resource Center, in compliance with Americans with Disabilities Act (ADA). This form and Release of Information Request form should be submitted to Disability Resource Center 9601 Germantown Avenue Philadelphia, PA 19118 or fax to 215-242-7748

SECTION A – STUDENT INFORMATION

I am requesting the following housing accommodation for: (please circle) Fall  Spring  20_________

Student ID # _____________________________ Class Status  FR  SO  JR  SR  OTHER

Last Name _____________________________ First Name __________________________ MI _____

Home Telephone # _________________________ Cell Phone # __________________________

Campus Address __________________________ CHC Email: ___________________@chc.edu

(if incoming student, leave blank) (if incoming student, leave blank)

SECTION B – CONDITION AND ACCOMMODATION REQUESTED

Student, please provide responses to the following information request regarding your condition and attach statements to this form:

1. Please specify the disability or medical condition requiring accommodation and whether the requested accommodation is temporary or permanent. Documentation will be required from a certifying professional who must specialize in the area of the condition or disability and is not a friend of the family or related to the student. ____________________________________________________________

2. Please specify the housing accommodations you are requesting: ____________________________________________________________

3. Please provide a thorough explanation of how the request (#2) relates to the need (#1). ____________________________________________________________

I certify that the documentation and statements attached to this request are true and accurate. I understand that "reasonable accommodations" is defined by the college. I will sign a Release of Information Authorization so that the Disability Resource Center may share this information with necessary personnel in making a determination of my request.

Student's Signature: ___________________________ Date: ___________________________

Note: Housing Accommodations are provided on a case-by-case basis due to documented disabilities and medical conditions. To qualify as an ADA covered disability, the student must have a current condition that substantially limits a major life activity, and the accommodation must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify for accommodations.
This form is to request special accommodations in college housing for medical, psychological, or physical disability needs.

Student Last Name ____________________________ First Name __________________________ MI ________

Student Signature _________________________________________________________________________

I acknowledge my physician to release medical information to Chestnut Hill College.

The above named student is requesting special housing accommodations at Chestnut Hill College. In order to respond to the student's request, Chestnut Hill College requires the information below. The student has been requested to provide you with a release of information authorization. Please complete Section A and Section B listed below and return to:

**Disability Resource Center**
9601 Germantown Avenue
Philadelphia, PA 19118
Or fax to: 215-242-7748

### SECTION A – CERTIFYING PROFESSIONAL CONTACT AND CREDENTIALS INFORMATION

| Name _________________________________ | Specialty ________________________________ |
| Address _____________________________________________________________________________ |
| License/Certification Number and State of License ____________________________________ |
| Date of initial contact with student/patient ___________________________ Last contact ______________ |

### SECTION B – DIAGNOSIS, TREATMENT, AND RECOMMENDED ACCOMMODATION

Please provide the following information for consideration of a housing/board accommodation at Chestnut Hill College. Please provide this information on your professional office stationery (no prescription pad paper please) and attach to this sheet. Thank you for your time and support in providing assistance for this student/patient.

1. A diagnostic statement including the date of most recent evaluation and the diagnostic criteria or tests used.
2. The current impact of, or functional limitations imposed by, the student’s condition.
3. Treatments, medications, devices or services currently prescribed or used to minimize the impact of the condition.
4. The expected duration, stability or progression of the diagnosis.
5. Specific recommendations for accommodations as well as an explanation as to why each accommodation is recommended. Please provide alternative accommodation recommendations if possible.
6. A statement of the level of need for (or consequences of not receiving) the recommended accommodation.

I certify that the documentation and statements attached to this request are true and accurate and I agree that the Office of Academic Advising may share this information with necessary personnel in making a determination of this student’s request.

Certifying Professionals’ Signature:_________________________ Date:_________________________