

Housing Accommodation Request Form for Students with Disabilities

Students with disabilities that require a specific type of housing assignment to ensure equal access to the housing program may request a housing accommodation through the Office of Student Life. For qualified students with documented disabilities, the Office of Student Life recommends housing accommodations to the Office of Residence Life. Housing placements are prioritized based on documented need. When possible, the preferences of the students are considered.

Directions to Students:

- Complete Part I
- Sign the Consent for Release of Information in Part I and Part II
- Provide Part II to your disability evaluator or physician

Part I: Student to complete the following:

Name (please print clearly):

Student Contact #:

Pratt Email:

Status/Campus: ☐ Incoming Freshman ☐ Returning

Accommodation Request is for: ☐ Fall ☐ Spring Year:

1. State the disability for which you are requesting a housing accommodation:

2. Please explain the housing accommodation(s) you are requesting.

3. Have you had this accommodation at Pratt Munson in the past?

4. Please describe how this accommodation will reduce the impact of your disability in the residence halls.

5. Please add any other information you feel is important for us to consider in reviewing your request.

6. Would you like the Office of Student Life to contact you regarding disability related academic accommodations or support services? Yes No

Student Signature:

Date:

Consent for Release of Information (to be completed by student):

I authorize (physician or licensed medical care provider/evaluator's name) to disclose the information requested by this form to the Office of Student Life at Pratt Munson College of Art and Design for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other College Offices.

Student Signature:

Date:

Part II: Physician or Licensed Medical Care Provider/Disability Evaluator Verification *(this section should be completed by an evaluator independent of Pratt Munson College of Art and Design)*

PROFESSIONAL EVALUATION OF DISABILITY

Accommodations are only available to students identified as having a disability. **A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.”** Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

1. Based on this definition does the individual have a disability? Yes No

Date of original diagnosis:

Date of most recent evaluation:

Is the student currently under your care? Yes No

2. State the student’s disability diagnosis, including diagnostic code.

3. Describe the student’s functional limitations or behavioral manifestations caused by the condition. What do you foresee as the impact of living in a college residential hall setting?

4. What is the expected duration, stability, or progression of the disability?

5. Is the disability mediated or controlled by medications, other treatments, or external prosthetics? Yes
No

6. Please describe current treatments, prosthetic devices, and or medications prescribed.

7. Please state specific recommendations for reasonable housing accommodations to address the functional limitations noted above.

8. What housing accommodations do you consider to be preferred but not medically necessary?

THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID

Physician or Licensed Medical Care Provider/Disability Evaluator INFORMATION (Please Print)

Name:

Title:

Specialty:

Office Address:

Phone:

License/Certification Number and State of License:

How long have you treated this patient?

Date of most recent office visit (not including to complete this paperwork)?

May we contact you if we have questions about this student's accommodation request? Yes No

Signature:

Date:

PLEASE MAIL or EMAIL COMPLETED FORM TO:
Office of Student Life
Pratt Munson College of Art and Design
1124 State St., Utica, NY 13502
E-mail: studentlife@prattmunson.edu
1-800-755-8920