



CONNECTICUT COLLEGE

Student Accessibility Services Housing Accommodation Request Fillable Form*

Please read this in its entirety to determine whether you are eligible to request a housing accommodation as a qualified student with a disability as defined by the Americans with Disabilities Act, and to understand the housing request process fully. Please note that qualification as an individual with a disability does not guarantee your request, as the intent of a housing accommodation is to provide access to residential living at Connecticut College, not to provide preference to a particular room or residential hall. Housing accommodation requests must be submitted directly to the Office of Student Accessibility Services by the student requesting consideration. Only completed requests will be shared and reviewed by the Housing Accommodation Committee. Requests submitted by the specified deadlines will be reviewed before assignments are made. Requests submitted after the specified deadlines will be reviewed, but accommodations cannot be guaranteed for that year. Students completing this form must also register with Student Accessibility Services. Complete the AIM online application to begin the registration process.

The following must be completed for the accommodation request to be considered:

Registration with Student Accessibility Services—completion of this form in its entirety and any additional materials/documentation that includes particular details. The provider may not be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative).

Students approved for housing accommodations may be required to forgo standard participation in the room selection process to receive a housing assignment with the approved accommodations. Students have 5 business days from the date the accommodation is approved to accept or decline the accommodation. Requests must be submitted and renewed annually; approval from prior years does not guarantee approval for future years. Housing accommodations are limited and thoroughly screened. All forms and supporting documents may be shared with relevant College personnel who are members of the Housing Committee. The Office of Student Accessibility Services will communicate the approval and/or denial in writing via e-mail.

I have read this form thoroughly and agree to the process described in this form:

Student Signature

Camel ID #

Date

*PLEASE NOTE: requests will not be processed without a student's signature. Please submit to the Office of Student Accessibility Services NO LATER THAN these deadlines: Matriculating students, June 15th for the fall semester, October 15th for the spring semester. Current students February 15th for the fall semester and October 15th for the spring semester.

Student Accessibility Services Housing Accommodation Request

Release of Information

I (print student name) _____
hereby authorize the release of the following information to the Student Accessibility Services
at Connecticut College for the purpose of determining my eligibility for educational
accommodations.

Student Signature

Camel ID #

Date

Housing Accommodation Request Provider Section

The following information is to be completed by a medical professional only.

Please give your provider ample time to complete the information requested.

Students upload the completed form to your AIM online portal.

Note to provider: The text field will be displayed either next to or under the first word of the question or tab to the next field. The signature is not fillable. The document must be printed and signed by provider prior to submission.

**Student Accessibility Services
Housing Accommodation Request
To be completed by provider:**

To the certifying professional:

Please complete the form below in as much detail as possible. The information you provide will not become part of the student's educational records. It will be kept in the student's file in SAS, where it will be held strictly confidential. This form may be released to the student at his/her/their request. In addition to the desired information below, please attach any other information you feel would be relevant to the student's request. Please contact SAS if there are any questions or concerns.

1. Student's Name

Date

2. Please indicate the nature of the housing accommodation request:

3. Please list specific housing accommodations recommendation(s):

4. Provide student diagnosis(s):

5. How long have you been working with this student?

6. How does the stated request relate to the student's condition?

7. What major life activity(ies) is/are substantially limited by the student's condition?

8. Please provide details regarding the chronicity, duration, and severity of these limitations. Describe the nature of the physical or other impairment of the applicant that serves as the basis for requesting accommodations.

9. How will the requested housing accommodation address the limitations described above?

10. What other options are available for improving the limitations described above?

11. What potential adverse effects could result from the requested housing accommodation?

Please attach any additional information you feel would be helpful.

CERTIFYING PROFESSIONAL*

Professional's Name:

Title:

Name of Practice:

Address:

Phone:

Email:

License # and Issuing State:

Signature of Professional:

Date:

*Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, clinical social and counselors. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the field.