



# Housing Accommodations Request Documentation

In order to request an accommodation for your on-campus housing assignment, please complete this form in its entirety. This form must be submitted directly to: Office of Accessibility, Champlain College, P.O. Box 670, Burlington, VT 05402. Forms may also be sent via email to accessibility@champlain.edu.

The Office of Accessibility at Champlain College evaluates requests for housing accommodations for students on behalf of the Department of Residential Life. Documentation must substantiate a diagnosed impairment that is a current substantial limitation to a major life activity as it relates to housing needs. To ensure provision of reasonable and appropriate accommodations for students, this office and the Department of Residential Life **require current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis.**

The Housing Accommodations Request Form **MUST BE SUBMITTED EACH YEAR** for review and renewal of appropriate accommodations related to Residential Life. Only students who have been notified they have received permanent disability-related housing accommodations are exempt from updating this form on a yearly basis.

**DEADLINES:** Students admitted for August—**form is due June 01.** / Students admitted for January—**form is due December 15.**

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Are you currently registered with the Office of Disability Services, and have you already provided documentation that specifically addresses housing accommodations? Yes \_\_\_\_ No \_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Student ID Number \_\_\_\_\_

The following information **MUST** be completed by a **CERTIFIED TREATMENT PROFESSIONAL**

**1. DSM IV/ICD 9 Diagnosis:** \_\_\_\_\_

\_\_\_\_\_

Date of Diagnosis \_\_\_\_\_ Date of Last Contact With Student \_\_\_\_\_

**2. Please describe symptoms that meet the criteria for this diagnosis and report evaluation and assessment results:**

A. Severity \_\_\_\_\_

\_\_\_\_\_

B. Duration \_\_\_\_\_

\_\_\_\_\_

C. Expected Long-Term Impact \_\_\_\_\_

\_\_\_\_\_

**3. What instruments, test/assessments, diagnostic procedures were used to diagnose the medical condition?**

Please attach relevant results (i.e. audiogram, functional capacity evaluations, diagnostic test results, etc.).

\_\_\_\_\_

\_\_\_\_\_

**4. Describe prognosis (short/long term) for this condition:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please describe how this disorder exhibits itself, including present side effects of medication as a current substantial limitation to a major life activity in a college residential housing environment:

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6. Please list the recommendations you have for housing accommodations that would help this student access the college residential environment:

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**PLEASE NOTE:** The Office of Accessibility will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the Office of Accessibility must be able to rely on the treatment professionals with the highest capacity for objectivity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*The information that you provide is maintained in the Office of Accessibility according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).*