



## HOUSING ACCOMMODATION REQUEST FORM FOR ACCESSIBILITY STUDENTS

Please refer to the *Housing Accommodations Policy for Accessibility Students* for the complete process for requesting disability-related housing accommodations at Russell Sage College. Students must follow these procedures and provide all of the required information in order to be considered for housing accommodations.

- Requests for residence hall accommodations should be made as soon as the student has decided to attend or continue at Russell Sage College.
- Requests need to be submitted each year; they do not carry forward.

**Due Dates:** In order for housing accommodation requests to be reviewed and addressed in a timely manner, students are asked to meet the following due dates if they wish to have accommodations available on the day that residence halls open each semester. Requests submitted after the posted due dates will be reviewed and considered (as space allows), but they cannot be guaranteed to be available at the start of the semester.

- **April 1** : Due date for Continuing Students to Submit Accommodation Request for the following Fall Semester
- **June 1** : Due date for New Incoming Students to Submit Accommodation Request for the following Fall Semester (to allow accommodations to be arranged prior to housing assignments)
- **December 1** : Due date for New and Continuing Students to Submit Accommodation Request for the following Spring Semester

Requests cannot be considered until all three parts of the form have been received by the Office of Accessibility Services. Upon receipt of all three parts of the Housing Accommodations Request Form, the Director of Accessibility Services will review the provided information and documentation and determine if the student meets the criteria for accommodation. Then, the student will be notified of this decision and/or may be asked to provide additional documentation. If the Director of Accessibility Services reviews the request and approves it based on the documentation provided, then the Residence Life Office will be informed of the housing accommodation need. The Residence Life Office will then work directly with the student, as needed, to make the housing accommodation arrangements.

Please contact the Accessibility Services Office with any questions.

### **Director of Accessibility Services**

accessibility\_services@sage.edu

Albany Campus: 3<sup>rd</sup> Floor, Library | 518-292-8624 | Fax: 518-292-8621

Troy Campus: 3<sup>rd</sup> Floor, Shea Learning Center | 518-244-6874 | Fax: 518-292-8621



# RUSSELL SAGE COLLEGE HOUSING ACCOMMODATION REQUEST FORM FOR ACCESSIBILITY STUDENTS *(Completed by the Student)*

## **PART I**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

1. What is your housing assignment for the semester(s) in which you are seeking accommodation? *If you haven't been assigned a specific room yet, simply identify your campus.*

\_\_\_\_\_ Albany Campus \_\_\_\_\_ Troy Campus Building: \_\_\_\_\_ Room: \_\_\_\_\_

2. Current Academic Status:  First Year  Sophomore  Junior  Senior  Graduate Student

3. Please indicate in the space below your specific disability that prompts you to seek housing accommodations.

4. If this request is due to a temporary condition, please indicate expected duration. \_\_\_\_\_

5. Which housing accommodation(s) are you requesting?

**\*\*Note:** Documentation is required to consider a request to have a emotional support/comfort animal in Sage housing as a reasonable accommodation for a disability. Such documentation is NOT required for a service animal. See Russell Sage College policy on Service and Comfort Animals for more information.

6. Do you require emergency evacuation assistance?  YES\*  NO

\*If yes, please describe the assistance you require:

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Please have a qualified medical or other licensed health care provider complete PART II (below) of this application. Applications cannot be considered until both parts are received. By signing below you certify that the information you have provided is accurate and true, to the best of your knowledge. Signing of this document also approves that pending receipt of documentation Accessibility Services can digitally sign your documentation letter and provide copies to your faculty during every semester you are enrolled at Russell Sage. If at any time you wish to take back the consent to send your Accommodation Letter to your faculty Accessibility Services must be notified of this request in writing.

***By signing below you certify that the information you have provided is accurate and true, to the best of your knowledge.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## HOUSING ACCOMMODATION REQUEST FORM FOR ACCESSIBILITY STUDENTS

### **PART II: CERTIFICATION OF DISABILITY** *(Completed by qualified licensed healthcare professional)*

**To the Student: THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY BY YOUR TREATING HEALTH CARE PROVIDER.** If this form is completed by anyone other than an appropriate and qualified licensed healthcare professional, the information provided may not be used to support your accommodation request and Russell Sage College reserves the right to request additional documentation. Since a request for additional information can result in a delay in your request for accommodations, you are strongly urged to have the form completed by an appropriate and qualified licensed health care professional who will include all requested information.

**To the Evaluator:** The student named below has represented that they have a disability which will require a housing accommodation at Russell Sage College. The information you provide will be used to determine the appropriateness of the requested accommodation(s). Please take the time to complete this form and thoroughly answer all questions. We must receive an original form with your signature. We cannot accept substitutions for this and you will be requested to provide supplemental information on official letterhead. Please contact us with any questions. All information provided to us is confidential. With the student's permission, we may contact you directly for additional information to assist us in making a determination. Part III requires you to provide supplemental information.

Please contact the Office of Accessibility Services with any questions.

#### **Director of Accessibility Services**

[accessibility\\_services@sage.edu](mailto:accessibility_services@sage.edu)

Fax: 518-292-8621

Albany Campus: 3<sup>rd</sup> Floor, SCA Learning Center | 518-292-8624

Troy Campus: 3<sup>rd</sup> Floor, Shea Learning Center | 518-244-6874

**HOUSING ACCOMMODATION REQUEST FORM FOR ACCESSIBILITY STUDENTS**

**PART II: CERTIFICATION OF DISABILITY** *(Completed by qualified licensed healthcare professional)*

**STUDENT NAME:** \_\_\_\_\_

Which housing accommodations are the student requesting?

\_\_\_\_\_  
\_\_\_\_\_

**HEALTH CARE PROVIDER**

Please respond to the following questions.

1. Please identify the physical or mental impairment for which you are treating the student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Please list date of onset and severity \_\_\_\_\_

3. How long have you been treating the student? \_\_\_\_\_

4. When was the last date of treatment you had with the student? \_\_\_\_\_

5. Please list any current functional limitations and impact on activities of daily living in residence halls: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. For each accommodation requested in PART I, please describe why the requested accommodation is necessary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How does each requested accommodation impact the current treatment plan for the student? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If single housing or private bathroom is requested, please identify alternative accommodations that would address the student's needs in the event that the requested accommodation cannot be provided. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Healthcare Professional Name:** \_\_\_\_\_

**Professional Licensure:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_