

SKIDMORE COLLEGE

STUDENT REQUEST FOR DISABILITY -RELATED HOUSING ACCOMMODATIONS

Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

This request is for housing for the FALL / SPRING semester of academic year 20\_\_20\_\_

Information for Students

of college life, including residential life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Skidmore College has established procedures to ensure that students with documented disabilities have equal access to housing resources and receive housing assignments that reasonably meet their needs as required by law. According to the ADA, a disability is defined as any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person.

Please sign and date the form below affirming agreement.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Meg Hegener  
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Skidmore College



PART 2

Housing Accommodation Documentation Form

Please note that Skidmore College is committed to the full participation of students with disabilities in all aspects of college life. As a residential college, learning to live in a community and share space with others is an important part of the educational experience. A standard housing assignment is a two or three-person room. Requests for housing accommodations are approved when it is determined that a standard housing assignment is not a viable living situation for a student.

This form should be completed by a qualified health care provider with experience and expertise in providing accommodations to students with disabilities. Please describe how the disability may impact the student's housing needs. Thank you in advance for providing such detail as possible in your responses.

Student Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Please describe in detail the symptoms currently experienced by the student, including the severity and functional impact of each
  
7. Please indicate the approximate frequency of symptoms experienced
  
8. Please describe in detail how the disability interferes with one or more major life activities that would be encountered in the residential living environment. (Attachments welcome if additional space is needed).
  
9. Given the standard housing assignment of a two o