

Dartmouth



Application for Housing Accommodations or Adjustments

This form and accompanying documentation should be submitted to Undergraduate Housing to request a disability-related accommodation or an adjustment related to a medical condition for a student's housing assignment.

1. The student completes the top portion of the form below.
2. The student, or their parent/legal guardian if under the age of eighteen (18), must fill out and sign the Authorization of Release Health Care Information below. This signature provides permission for the health care provider/professional to do the following:
 - a. Complete the information requested on this form, and
 - b. Speak with an officer of Dartmouth College's Undergraduate Housing Office and its representatives, including Student Accessibility Services and the College Health Service (which the Undergraduate Housing Office consults as appropriate), regarding this request for a housing accommodation or adjustment.
3. The health care professional/provider must fill out the remainder of this form and sign it. The professional/provider must be thoroughly familiar with the student's disability or medical condition(s) and resulting functional limitations and/or restrictions. **Please note:** We require that the professional/provider completing these forms is not a family member through blood, marriage, or other legal arrangement.

The completed form can be submitted via one of the options below:

Fax: 603-646-3093

Mail: Undergraduate Housing Office
Dartmouth College
6231 North Massachusetts Hall
Hanover, NH 03755

Email: residential.life@dartmouth.edu

TO BE COMPLETED BY THE STUDENT (Please print or type)

Student's Name: _____
(Last) (First) (MI)

Dartmouth ID Number: _____ Class Year: _____

Term accommodation is requested to begin (please circle):

Fall Winter Spring Summer

Release of Information Authorization

I authorize the provider listed below to release to Dartmouth College Undergraduate Housing Office sufficient information regarding my disability or medical condition related to my request for an accommodation or adjustment to my housing assignment.

I further authorize the provider to discuss my request with a representative of Undergraduate Housing, Student Accessibility Services (SAS), or Dartmouth College Health Services (Dick’s House) if necessary, for the sole purpose of rendering a professional judgment regarding my need for the requested housing accommodation of adjustment.

This authorization is in place for one calendar year from the date of the signature.

Name of Provider: _____

Specialty: _____

Address (Street, City, State and Zip):

This accommodation/adjustment request for a student’s housing assignment because of a disability or medical condition supersedes all other requests, including roommate selection. Attempts will nevertheless be made to honor other assignment-related requests when possible.

I have read and understand the above information.

Student’s Signature _____ Date _____

Parent/Legal Guardian Signature, if student is under 18

_____ Date _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER/PROFESSIONAL

To consider this student’s request for a housing assignment accommodation or adjustment, Undergraduate Housing requires documentation from the treating and licensed professional or health care provider thoroughly familiar with this student’s condition, functional limitations and/or restrictions that establishes how the requested housing accommodation or adjustments provides reasonable access for the student in campus housing. Please complete the form in its entirety. Incomplete responses may prompt a request for additional information. If the spaces provided are not adequate, please attach a separate sheet of paper.

Please note: We require that the professional/provider completing these forms is not a family member through blood, marriage, or other legal arrangement.

STUDENT'S NAME _____

1. What is the student's disability or medical condition?

2. When was this first diagnosed?

3. How would you describe the severity?

4. When was the student first and last seen by you?

5. How is the student significantly limited in one or more major life activities as it relates to housing? Please describe the limitations and/or restrictions in detail. Include any relevant side effects from treatment or medications the student is taking.

6. Please state specific recommendations regarding accommodation(s) or adjustment(s) this student needs in their housing assignment. Explain why this is warranted.

7. If your recommendations are not readily achievable, please suggest alternatives that could meet this student's need and any reservations you may have about these alternatives.

8. For how long is the above information valid without reassessment or updated documentation?

The circumstances described in this form are permanent and stationary

The circumstances described in this form may not be permanent or stationary, but I expect no significant change through _____, _____
Month Year

All fields below must be complete to process. By signing this form, you are attesting to the veracity of the information provided regarding this student's housing request.

Signature of Provider _____ Date _____

License # and state and/or other pertinent credentials:

Print Name & Title:

Address (Street, City, State and Zip):

Phone: _____

Fax: _____