



Student Housing Accommodation Request Form

The Office of Student Accessibility Services (SAS) at Franklin and Marshall College is committed to providing housing accommodations to students with documented disabilities and medical conditions. We are a four-year residential college and find that student housing needs can be met within our portfolio of College approved housing.

In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Franklin and Marshall College has established procedures to ensure that students with documented disabilities have equal access to campus 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.

Procedures for Requesting Housing Accommodation:

1. Please complete the SAS Disability Services Notification Form.
2. Send the Housing Accommodation Request Form to a health care provider for completion. Note that the health care provider (physician, psychologist, psychiatrist, etc.) must be qualified to make recommendations for accommodating this disability.
3. Submit documentation of the disability. Documentation may be submitted by either the student or the student’s health care provider and must meet the following criteria:
 - Documentation is recent so as to assess the current and substantial impact on a major life activity.
 - Documentation establishes a direct link between the underlying impairment and the requested housing accommodations.
 - Documentation follows the SAS Guidelines.
4. Deadlines are as follows:

<u>Group:</u>	<u>Deadline:</u>
Fall Admission Students (Including Fall Transfer Students)	May 1 st
Spring Admission Students (Including Spring Transfer Students, Students returning from abroad, and Spring Option Students)	November 1 st
Returning Students	February 27 th

The Student Housing Accommodation Request Form, along with supporting documentation, can be returned to:

Dr. Alison Hobbs
 Coordinator of Student Accessibility Services
 Franklin and Marshall College
 P.O. Box 3003
 Lancaster, PA 17604

Or fax to 717-358-4420



Housing Accommodation Request Form – Student Information

These forms are to request a housing accommodation for a student with a documented disability. Please submit completed forms, along with an SAS Disability Services Notification Form, to:

Dr. Alison Hobbs
Coordinator of Student Accessibility Services
Franklin and Marshall College
P.O. Box 3003
Lancaster, PA 17604
Or fax to 717-358-4420

SECTION A – STUDENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Campus Address: _____

SECTION B – CONDITION AND HOUSING ASSIGNMENT REQUESTED

Please provide responses to the following information request regarding your disability and attach statements to this form:

1. Please specify the disability requiring housing accommodations and whether this is a temporary or permanent request.
2. Please describe your housing request(s), such as no stairs, kitchen access, etc.
3. Please provide a thorough explanation of how the request relates to the need.

I certify that the documentation and statements attached to this request are both true and accurate. I grant my permission to SAS to share this information, as well as that provided by my health care provider, with the necessary College personnel in making a determination regarding my request as well as implementing an approved accommodation.

Student signature: _____ Date: _____



Housing Accommodation Request Form
(To be completed by certified professional)

<p>Waiver “I am requesting that information regarding my disability be released by _____ to the Office of Student Accessibility Services at Franklin and Marshall College.”</p>	
Student name: _____	Birth date: _____
Student signature: _____	Date: _____

The above named student is requesting housing accommodations at Franklin & Marshall College. So that we may complete the student’s request, please complete all information below and return to:

Dr. Alison Hobbs
Coordinator of Student Accessibility Services
Franklin and Marshall College
P.O. Box 3003
Lancaster, PA 17604
Or fax to 717-358-4420

SECTION A – PROFESSIONAL CONTACT AND CREDENTIALS

Name: _____

Specialty: _____ Phone: _____

Address: _____

License/Certification Number and State of License _____

Date of Initial Contact with Student _____ Date of Last Contact with Student _____

SECTION B – DIAGNOSIS, TREATMENT AND RECOMMENDATION

Please provide all relevant information on your professional letterhead (not a prescription pad) and attach to this sheet.

1. A diagnostic statement along with date of initial diagnosis.
2. The functional limitations imposed by the student’s condition and how a housing accommodation could assist in mitigating limitations.
3. The expected duration, stability or progression of the diagnosis.
4. Specific recommendations for a housing assignment along with an explanation supporting the recommendation.

I certify that the documentation and statements attached are both true and accurate.

Professional’s signature _____ Date _____