

# SUNY MORRISVILLE

— EST. 1908 —

## Accommodative **HOUSING** Request Form

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Phone (315) 684-6349

Please **submit this form** along with a **copy of your IEP/504 or doctor's diagnosis** for reasonable campus housing accommodations.

Please note that college accommodations are **not** the same as when you attended public school. We will do our very best to accommodate your lodging needs but every request might not be met due to demand & resources.

### Section A: Student Information

Student Legal Name:

Date:

Date of Birth:

Student M# or Morrisville ID:

Home Address:

Cell Phone Number:

SUNY Morrisville Email:

Transfer Student? If yes, list your previous institution:

Are you: Full Time, Part time or Visiting/non-matriculated?

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### Section B: Disability Information

1) Please indicate your current documented disabilities/diagnoses (check **ALL** that apply):

- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADHD)
- Learning Disability  Blind/Visual Impairment
- Deaf/Hard of hearing  Physical Impairment
- Traumatic Brain Injury (TBI)
- Autism Spectrum Disorder
- Chronic Medical Condition (please specify):
- Mental Health (please specify):
- Other:

2) Describe how your disability impacts your functioning in the following:

a. Social/Personal/Living environment:

b. Mobility around campus or community:

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### Section C: Housing Request

A Single Room Accommodation

Access to the building elevator

Other: Please specify

### Section D: Consent to Exchange Information

I hereby **give consent** for the Accessibility Services Center at SUNY Morrisville to access and share my accessibility information to the parties below for **more comprehensive care** during my tenure at SUNY Morrisville (please CHECK):

Faculty, Advisors, EOP/CSTEP, Athletics, Tutoring, the Health Center, the Counseling Center, Administration, Office of Student Rights, **Residence Hall Director**, Diversity/Equity/Inclusion

No, I do not consent to share my information.

I understand that by federal law, I need not consent to release of this information; that this consent is valid until I choose to withdraw it at any time by submitting a written request to the Office of Accessibility Services.

Student signature:  
(please type name)

Date:

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### Section E: Housing Accommodations Request Procedures

If a student is requesting support services, you must identify yourself to the Accessibility Services Center (the “ASC) on the SUNY Morrisville campus. To verify eligibility, documentation must be provided that clearly indicates the presence of a disability that limits a major life activity, the functional impact of the disability on the pursuit of post-secondary education, and justification of the need for accommodations. The ASC and the Director of Residence Life will determine eligibility for lodging services based on the quality of the submitted documentation.

If students fail to self-identify and/or provide adequate documentation of a disability, they will be unable to access services/accommodations. Early identification is encouraged.

Please note that students requesting disability related housing accommodations should **first go through the standard Residential Life housing process.**

The Office of Residential Life will make every effort to accommodate housing requests for students with a disability or medical condition after room assignments are made; however, some accommodations may be limited due to housing availability.

**Upon completion, PLEASE EMAIL this form to: [ASCTesting@morrisville.com](mailto:ASCTesting@morrisville.com) along with a copy of your IEP or 504.** The ASC will then promptly register you, inform all proper parties of your accommodations (copying you on all correspondence) & then support you throughout your academic year at SUNY Morrisville. Thank you!

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### **OFFICE USE ONLY**

Date Housing Request Form Received:

Date Documentation Received:

ASC Office Personnel Signature:  Date:

Resident Life Staff Signature:  Date:

CONSENT: YES  NO

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