

SUNY MORRISVILLE

— EST. 1908 —

Accommodative *DINING* Request Form

Phone (315) 684-6349

Please **submit this form** along with a **copy of your IEP/504 or doctor's diagnosis** for reasonable campus DINING 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):

<input type="checkbox"/>	Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADHD)	
<input type="checkbox"/>	Learning Disability	<input type="checkbox"/> Blind/Visual Impairment
<input type="checkbox"/>	Deaf/Hard of hearing	<input type="checkbox"/> Physical Impairment
<input type="checkbox"/>	Traumatic Brain Injury (TBI)	
<input type="checkbox"/>	Autism Spectrum Disorder	
<input type="checkbox"/>	Chronic Medical Condition (please specify):	<input type="text"/>
<input type="checkbox"/>	Mental Health (please specify):	<input type="text"/>
<input type="checkbox"/>	Other:	<input type="text"/>

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: DINING 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: DINING 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 DINING accommodations should **first go through the standard Residential Life DINING process.**

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

Upon completion, PLEASE EMAIL this form to: 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!

OFFICE USE ONLY

Date DINING Request Form Received:

Date Documentation Received:

ASC Office Personnel Signature: Date:

Resident Life Staff Signature: Date:

CONSENT: YES NO