

**Application for Requesting a Medical
Accommodation in the Residence Halls or
Release from Housing Obligation**

Office of Residence Life, SUNY Delhi
111 Catskill Hall, 454 Delhi Drive
Delhi, New York 13753

Requests must be made in advance to the Office of Residence Life to allow for a thorough review. This request should be made the preceding June 1 (for incoming students), or by April 1 (for continuing students) for the following academic year. **A determination by Residence Life will be made whether this request will need to be resubmitted annually.**

By completing this form, you agree that 1) any accommodation may be shared with Residence Life staff, 2) SUNY Delhi may contact the Healthcare Practitioner that completed this form to discuss the request, 3) SUNY Delhi may request that you setup an appointment with Health or Counseling Staff at the college to discuss the request further.

Student Name _____

Student ID Number _____

Student's Phone Number _____

Check One: ☐ New Student ☐ Continuing Student

The following documentation must be completed and signed by the medical professional who has prescribed the accommodation. The request must include documentation from a licensed medical professional (i.e. primary care physician, D.O., etc.) who has provided treatment for the disability.
(Please provide additional pages if necessary)

EVIDENCE OF THE DISABILITY AND THE DIAGNOSIS RELATED TO THE NEED OF MEDICAL RELATED ACCOMODATIONS

Name and contact information of the medical professional making the diagnosis
Signature of the medical professional making the diagnosis
Date at which the diagnosis was first made
Dates of treatment
Symptoms for which treatment was needed
Treatments other than the requested accommodation which have been used for symptom reduction
Specific accommodation and date on which the medical accommodation was prescribed

Evidence of the connection between the diagnosis/symptoms, the need for the medical accommodation, and how the specific accommodation will benefit the student

Evidence that the student will not be able to use and enjoy the residence hall or to participate in the services or program if the medically related accommodation is not approved

Upon completion of this form, please return to:

Jason Fishner, Associate Director of Residence Life
Office of Residence Life
111 Catskill Hall
454 Delhi Drive
Delhi, New York 13753
Fax: 607-746-4086

This request will be reviewed and a recommendation made to Residence Life by a committee that is composed of representatives from the Office of Residence Life, Counseling and Health Services, and Access & Equity Services.

Appeals of the decision of this committee may be directed to the Director of Residence Life and Director of Counseling and Health Services.

FOR OFFICE USE ONLY

Date passed to committee for recommendation:

Date of decision & contact with student:

Approved

Denied