

Housing or Meal Plan Accommodation Request Form

Residential living is central to the learning environment and experience for all Cornell College students. Virtually all student needs can be met through the standard room selection process and the standard meal plan options. Cornell College also provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation may include an exception to the usual rules, policies, practices, or services that a resident with a disability may need for the full benefit or enjoyment of College housing. Complete details of the process for requesting a housing accommodation can be found at <http://www.cornellcollege.edu/residence-life/housing/special-consideration.shtml>. To be considered for a housing accommodation, the student must return the fully-completed Reasonable Housing Accommodation Request Form. The student's care provider must either fill out Section B of this packet or write a signed statement.

- The provider should be a licensed physician, psychiatrist, physician's assistant, nurse practitioner, or other licensed mental health professional and must have an ongoing therapeutic or treatment relationship with the student. The provider may not be related to the student.
- The form below is to be completed in entirety by the Provider whose credentials must appear at the end of the document.

Section A: To be completed by the student

Student Name: _____ Student ID#: _____

Email Address: _____ Cell Phone#: _____

I am (please check one): _____ a current Cornell student _____ an incoming new first-year or transfer student

Year and block for which I am requesting accommodations to begin: _____

Please indicate below what housing accommodation(s) you are requesting due to a disability:

I request that the information from my health care professional be used in support of my request for a housing accommodation. I understand that this documentation may be reviewed by and discussed with members of the Housing Assignments Committee as appropriate and protecting confidentiality to the extent possible (Housing Assignments Committee members are detailed on the website above).

I understand that submission of this form does not constitute automatic approval and that I will receive further communication from the college regarding my request.

Student Signature: _____ Date: _____

Students will be notified via campus email as to the committee's decision within 30 days of this form being submitted.

The preferred deadline to turn in documentation for incoming new and transfer students starting in Fall semester is June 1 and by December 1 for students starting in Spring semester to ensure time to review and implement the requested accommodations prior to the term. Documentation will be accepted at any time, but we cannot guarantee a decision will be made prior to other college deadlines.

Documentation for returning students requesting a housing accommodation for the following year should be submitted by March 1 prior to the room selection process for the following year.

Section B: Disability information to be completed by the health care professional / licensee

The student named below has indicated that you are the mental or other health care provider who has suggested that having an accommodation in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. In lieu of this form, health care provider / licensee may also provide a signed letter.

Student Name: _____

So that we may better evaluate the request for this accommodation, please answer the following questions, being sure to address the **impact of the student's limitation on one or more major life activities**.

Information About the Student's Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

Is the student's condition as they currently experience it classified as a disability? Yes No Unsure

What is the nature of the student's disability (that is, how is the student substantially limited)?

What accommodations are necessary for housing and/or meal plan assignments to accommodate the student's disability?

When did you first begin actively treating the student for this condition?

What symptoms will be reduced by the housing accommodations you are recommending and therefore allow the student full participation in Campus housing? Please explain with as much detail as possible.

Thank you for taking the time to complete this form. If Cornell College requires additional information, the College may contact you at a later date.

Provider Information:

(Note: the name of the individual provider, provider's practice, and the physical address of the practice must be provided)
By signing this document, you verify that the person named as the Provider above completed the information provided.

Print Name: _____

Title: _____

Credentials or Certification: _____

Practice/Business Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Date: _____

Signature: _____

**Provider's Clinic Stamp or License
Number Here:**

Or it may be mailed to:

This completed form may be scanned
and emailed in confidential mode to:
disability_services@cornellcollege.edu

Office of Disability Services Cornell College
600 First Street West
Mount Vernon, IA 52314
disability_services@cornellcollege.edu

(319) 895-4207 (phone)
(319) 895-5187 (fax)
