



REQUEST FOR INFORMATION RE: Residential Living Accommodation



Student Name: _____

Please sign this form before providing it to your healthcare provider to complete.

By signing below, I consent to allow my healthcare provider to share any information relevant to my need for residential living accommodation, as shown on this form, with *Student Accessibility Services personnel at Juniata College* for the next 60 days.

Student Signature: _____ Date: _____

Reasonable Residential Living Accommodations Policy

Residential living is central to the Juniata College experience, and all full-time students are required to live in college-owned housing per the residency requirement. Juniata College recognizes the importance of providing reasonable accommodations in its residential living policies and practices when necessary for individuals with disabilities to fully participate in the College Residential Life program. A disability must substantially limit one or more major life activities, such as walking, seeing, hearing, speaking, breathing, learning, caring for one’s self, performing manual tasks, and working.

Please note the following:

Juniata College strives to accommodate students with disabilities within our existing college-owned housing and dining options. An accommodation to live off campus (in non-Juniata housing) or forego college dining plans is only granted under unusual circumstances and after all efforts to accommodate on campus have been exhausted.

Living within the Juniata community and learning to share space and be considerate of others is part of the residential college learning experience. Requests for single rooms as an accommodation based solely on a desire to have a quiet, undisturbed place to study or because an individual does not want to have a roommate are not typically approved. Requests for single rooms are approved when there is a disability-related barrier to accessing residential college living.

Certifying Professional Contact Information

Name (print clearly): _____

Professional Title: _____

Type of License/License # and Issuing State(s): _____

Clinic/Office/Agency: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

The above-named student is requesting residential living accommodations due to the impact of a disabling condition. To evaluate that request accurately and equitably, Student Accessibility Services requires additional information completed by a qualified professional, who: 1) has first-hand knowledge of the student's condition and 2) is an impartial individual not related to the student.

Documentation Requirements

Current and appropriate documentation is critical to understanding the degree to which the disabling condition substantially interferes with one or more major life activities and how the requested residential living accommodation relates to the current impact of the student's condition.

(The healthcare provider need not use this specific form, but all the information requested here is necessary for the institution to have in order to consider the request for accommodation. This form is provided as a convenience and responses to this inquiry can also be made via a signed memo/letter on your letterhead.)

Requested Information

1. Describe the student's conditions or diagnoses (if applicable) and current symptoms, including frequency/severity?
2. How long has the student been under your care and is the individual currently in treatment with you?

When did you last see this individual?

3. What are the current functional limitations imposed by the disability (or medication side effects)?
4. What is the student's specific housing or dietary need/configuration?
5. What symptoms will be reduced for this individual with this accommodation?

6. In your professional opinion, is this accommodation medically necessary for this individual?

YES

NO

Please explain. For example, if a single room is recommended, why is it medically necessary for the individual to be placed in a room without a roommate?

7. Are there other potential accommodations that would help reduce these symptoms?

Professional Signature: _____ Date: _____

Thank you for taking the time to provide this critical information. If we need additional information, we may contact you at a later date. The named student has signed this form (above) indicating written permission to share additional information with us in support of the request.

Please sign & return this form along with any other supporting documentation to:

Juniata College Student Accessibility Services
1700 Moore Street Huntingdon, PA 16652
O: 814.641.5840 | F: 814.641.5838 | accessibility@juniata.edu