CENTENARY UNIVERSITY

ACCESSIBILITY SERVICES

# Application for Housing Accommodations & Services

The student must complete **Part I (**Request for Reasonable Housing Accommodations**) & Part II (**Release of Information**)** of this application. The student's healthcare provider must complete **Part III** (Accessibility Documentation). Please submit completed application, along with all supporting documentation, to AccessibilityServices@CentenaryUniversity.edu.

All information will be kept confidential under all applicable laws. In accordance with established policies and procedures, supporting documentation must be submitted to Accessibility Services to verify functional limitations.

Documentation guidelines can be found in the Accessibility Handbook, located on our website at http://www.centenaryuniversity.edu/cms/en/academic-services/disabilities-services-office/ or by contacting Accessibility Services at (908) 852-1400 ext. 2584. The Centenary Residence Life Department administers and coordinates the policies and procedures relating to accommodations within residence halls. If the student requires assistance with the accommodation process, please contact Director of Accessibility Services, at laura.wasilewski@centenaryuniversity.edu.

## PART I: REQUEST FOR REASONABLE HOUSING ACCOMMODATIONS

Student Name: _____ Date: _____

Student ID #: _____Phone: _____

E-mail Address**:** _____

Indicate class year **(please circle):** Freshman Sophomore Junior Senior Graduate

**Please specify your disability for which you are requesting a housing accommodation.**

_____

_____

_____

_____

_____

_____

_____

## PART I: REQUEST FOR REASONABLE HOUSING ACCOMMODATIONS (continued)

**Please indicate the type(s) of accommodation that you are requesting:**

- ☐ Air conditioning unit
- ☐ Limited share bathroom
- ☐ Wheelchair accessible room
- ☐ Single room
- ☐ Flashing doorbell
- ☐ Flashing fire alarm
- ☐ Other (please list):

_____

_____

_____

**Briefly describe why you are requesting the above accommodations:**

_____

_____

_____

_____

_____

_____

_____

Do you require evacuation assistance? **(please check)** ☐ **yes** ☐ **no**

If **yes**, please describe your need for assistance:

_____

_____

_____

_____

**If "yes" is checked, your name will be forwarded to Leonard Kunz, Assistant Dean for Campus Safety. If you have any questions, please contact Dean Kunz at Leonard.Kunz01@CentenaryUniversity.edu.**

## PART II: RELEASE OF INFORMATION

**I, _____, give permission for the exchange of any medical, educational, psychosocial, or psychiatric information between Centenary University Accessibility Services AND the healthcare provider listed**

Name: _____ Title: _____

Address: _____

Phone Number: _____

E-mail Address: _____

**All information is kept confidential under all applicable laws and is only for purpose of evaluation and determination of reasonable accommodations.**

_____ _____

Student Name (please print) _____

I.D. Number_____

_____ _____

Student Signature: Date:

## PART III: ACCESSIBILITY DOCUMENTATION

Student Name: _____Date: _____

Healthcare Provider Name: _____

Credentials and State License #: _____

Please respond to the following questions regarding the above-named student:

1. How long have you been treating the above-named student?

_____

Date of the most recent evaluation: _____ Date of onset: _____

2. Please provide diagnosis and the DSM-V-TR or ICD 11 codes for the condition(s) for which the housing accommodation is being requested:

_____
_____
_____
_____
_____

3. Please describe the symptoms the student is currently displaying:

_____
_____
_____
_____

4. Please list current medications (to have documented in case of a medical emergency)

_____
_____
_____
_____

5. Please list any current functional issues and/or the impact on activities of daily living within the residence halls that would require this accommodation.

_____

_____

_____

_____

Healthcare Provider Signature: _____ Date: _____