

**Pine Manor College**  
**HOUSING ACCOMMODATION REQUEST FORM**

The following information is required before any disability-related housing accommodation request can be processed.

***To be completed by the student:***

- A. Student name (Please print) \_\_\_\_\_
- B. Accommodation requested: \_\_\_\_\_
- C. State the condition/diagnosis requiring the above need: \_\_\_\_\_
- D. How long have you had this condition? \_\_\_\_\_
- E. What medication(s) and/or treatments are you currently using to manage this condition?  
\_\_\_\_\_
- F. What factor(s) improve and/or worsen this condition? \_\_\_\_\_  
\_\_\_\_\_

The Director of Residence Life, Dean of Students and Director of Health Services will review the above request. As such, I hereby authorize the Health Services staff to release any pertinent information contained within my health record concerning the above request.

\_\_\_\_\_  
(Student's signature) \_\_\_\_\_ (Date)

\*\*\*\*\*

***To be completed by physician:***

- A. Disability/diagnosis: \_\_\_\_\_
- B. Tests/evaluations used, including dates and results: \_\_\_\_\_  
\_\_\_\_\_
- C. Current treatment plan: \_\_\_\_\_
- D. How long has this patient been under your care? \_\_\_\_\_
- E. Please explain the medical rationale for the requested accommodation: \_\_\_\_\_  
\_\_\_\_\_
- F. In your opinion, is this special housing accommodation request :

**ESSENTIAL**

**Beneficial but not essential**

**Not essential**

\_\_\_\_\_  
(Physician's signature)

\_\_\_\_\_  
(Physician's name – Please print)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone #)

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(Fax #)

**Return to:** Director of Residence Life, Pine Manor College, 400 Heath St., Chestnut Hill, MA 02467  
FAX: (617) 731 -7559