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)

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**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 #)
                                                                                               (Fax #)

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