HOUSING ACCOMMODATION REQUEST FORM

The following information is required before any disability-related housing accommodation request can be processed.
To be completed by student and physician.

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 Residential Life and Dean of Student Affairs will review the above request. As such, I hereby authorize my physician 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. Treatment plan during academic year: 

E. How long has this patient been under your care? 

F. Please explain the medical rationale for the requested accommodation: 

G. Physician, please check one. 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: Office of Residence Life, Pine Manor College, Ashby Campus Center, Room 208
400 Heath St., Chestnut Hill, MA 02467 FAX: (617) 731-7559