

**Dutchess Community College  
Office of Accommodative Services**

**Housing Accommodation Request Form**  
Disability Verification for Students with  
Mental Health, Neurological, Medical, Sensory and Health-Related Disabilities

**Portion to be completed by student:**

Student's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
A#: \_\_\_\_\_

I hereby authorize (*name of medical professional*)

\_\_\_\_\_ to release to and/or discuss with The Office of Accommodative Services at Dutchess Community College the information specified below.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Portion to be completed by provider:**

To ensure the provision of reasonable and appropriate services for students with psychological or attention disorders at Dutchess Community College, a licensed professional (e.g. physician, psychiatrist, psychologist or certified social worker) must provide current and comprehensive documentation of the student's disability.

1. Diagnosis/code: \_\_\_\_\_
2. Date of Diagnosis: \_\_\_\_\_
3. Date of your last contact with the student: \_\_\_\_\_
4. What instruments/procedures were used to diagnose the condition/disability?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**The questions below are presented to help us collect information needed to make decisions regarding the student's housing accommodation request.**

5. Please describe the presenting symptoms of this disorder/disability and how they impact the student in a *residential setting*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Severity of the Condition:**

- a. Is the condition life threatening if the request is not met?
  
- b. Is there a negative health impact that may be permanent if the request is not met?
  
- c. Is the request an integral component of a treatment plan for the condition in question?
  
- d. What is the likely impact on academic performance if the request is not met?
  
- e. What is the likely impact on social development if the request is not met?
  
- f. What is the likely impact on the student's level of safety and/or comfort if the request is not met?

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Please describe the relationship between the accommodation and the symptoms or condition. Indicate the level of need for the recommended configuration and consequences of not receiving the accommodation.

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What are possible alternatives if the recommended configuration is not possible?

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Please attach any additional information that you believe to be relevant to meeting this student's disability-related residential needs.

Signature \_\_\_\_\_  
Print Name and Title: \_\_\_\_\_  
License# \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Date \_\_\_\_\_

Return form to: Dutchess Community College, Office of Accommodative Service  
53 Pendell Road  
Poughkeepsie, New York 12601  
(845) 431-8055 Fax (888) 965-6996