

# SUNY Polytechnic Institute

## ADA SPECIAL HOUSING AND ACCOMMODATION REQUEST FORM

Medical issues/concerns prompt a need at times for a special housing request. To make an appropriate determination of your special housing request, medical documentation from your healthcare provider is required. SUNY Poly makes every effort to accommodate your special housing request, however completion of this form initiates consideration but does not guarantee approval.

Dependant on the special housing request, the student is responsible for purchase and maintenance of the appliance and/ or equipment. Residential Life and Housing may identify additional fee(s) specific to the special housing request. Notification of the decision is via your SUNY Polytechnic Institute e-mail address.

**STUDENT:** Please complete the top portion of this form and provide it to your healthcare provider (physician, nurse practitioner or physician assistant) for further completion with signature. Return address is below.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID # (if known) \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone (Home): (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Special Housing Request for Consideration** \_\_\_\_\_

**Reason for this request** \_\_\_\_\_

**HEALTHCARE PROVIDER:** Please complete and sign this form documenting the need for a special housing or accommodation request. **Determination of approval for this request relies heavily on supportive medical documentation.**

**Please complete the questions below AND attach any supporting medical documentation.**

1. Identify the medical diagnosis that requires the above mentioned student and his/her special housing or accommodation request.
2. Describe all the treatment modalities including (medications: dosage and frequency, lab reports, x-rays, etc.) currently utilized for this medical issue/concern.
3. Describe how this medical issue/concern specifically relates to the request for special housing accommodations.

**Healthcare Provider Name & Address** (please print/office stamp) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Address: **SUNY Polytechnic Institute Disability Services Office** 100 Seymour Road Utica, NY  
13502 Fax: 315-792-7517 Phone: 315-792-7170