



# GENESE0

THE STATE UNIVERSITY OF NEW YORK

Erwin Hall 22 • 1 College Circle • Geneseo, NY 14454

Phone: 585.245.5112 • Fax: 585.245.5091

Email: [access@geneseo.edu](mailto:access@geneseo.edu)

Web: [www.geneseo.edu/accessibility-office](http://www.geneseo.edu/accessibility-office)

Office of Accessibility Services

## Student Housing Accommodation Request

### Treatment Provider Information Form

#### Background

This section is to be completed by a qualified, licensed medical or mental health professional who is familiar with the student's history and can attest to the impact of the student's disability in the college setting.

Please note that the purpose of housing accommodations is to remove disability-related barriers and ensure equal access to the residential halls. It is not designed to ensure a students' academic success (e.g., private study space), improve general wellness, address roommate challenges, or provide a preferred living environment. The Office of Residential Life can assist students with enhancing their experiences in the residential hall and to navigate the transition to college living. Please visit our Housing Accommodations webpage for more information about the [process for determining accommodations](#), including relevant submission deadlines.

Please submit the completed form to the Office of Accessibility Services via mail, fax, or email:

SUNY Geneseo  
Office of Accessibility Services  
1 College Circle  
Geneseo, NY 14454  
(585)-245-5112 (phone)  
(585)-245-5093 (fax)  
[Access@geneseo.edu](mailto:Access@geneseo.edu)

Treatment provider name: \_\_\_\_\_

Today's date: \_\_\_\_\_

Work address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

License Number: \_\_\_\_\_ State of Licensure: \_\_\_\_\_

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



Office of Accessibility Services

1. Please describe the students' current diagnosis/es, including intensity, frequency, and duration of current symptoms:

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2. Please check all relevant major life activities that are **substantially** limited:

- Walking
- Hearing
- Learning
- Seeing
- Sleeping
- Caring for self
- Interacting with others
- Climbing stairs
- Working
- Performing manual tasks
- If other, please describe below:

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3. Is the student's disability permanent, episodic, or temporary?

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4. Please describe how each major life activity will specifically impact the student's ability to live in campus housing:

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## Office of Accessibility Services

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5. Please indicate how long you have been treating the student, and date of the last visit:

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6. Please describe the current treatment, including any medications:

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7. Please describe why you support the student's requested accommodation:

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8. If the student were to not have these accommodations, could the student not live in the residence hall? Please explain.

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9. Please state alternatives to meet the documented need if the first request cannot be met.



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10. Additional Comments:

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