ACCOMMODATION REGISTRATION FORM

To be completed by the student. Please print clearly.
Submit this completed form, associated forms and send all required supporting documentation to the Office of Accommodations & Accessibility.

Date of Request: ___________________________ Student CWID: ___________________________
Student Name: ___________________________ FIRST ___________________________ M.I.
Email Address: ___________________________ Cell Phone: ___________________________
Current Housing Placement (if applicable): ___________________________

Current Year: (CIRCLE ONE): INCOMING/NEW MARIST STUDENT  FRESHMAN  SOPHOMORE  JUNIOR  SENIOR

Select the type of special accommodation requested and complete their accompanying forms.

☐ Dining Services/Dietary Accommodations (Dining Form)
☐ Emotional Support Animal* (Support Animal Form)
☐ Housing Accommodations (Housing Form)
☐ Parking Accommodations (Parking Form)
☐ Physical Disability (Physical Disability Form)
☐ Psychological/ADD/ADHD Disability (Psychological Disability Form)
☐ Service Animal* (Service Animal Form)
☐ Temporary Accommodations (Temporary Accommodations Form)

*NOTE: No animals are allowed in residence halls/buildings until the request has been approved in writing by the Marist College Office of Accommodations & Accessibility.

Submit this form, along with the associated accommodation request form and any related medical documentation in person, by fax, email or by mail to:

Marist College
Office of Accommodations & Accessibility
3399 North Rd.
Poughkeepsie, NY 12601
Fax (845) 575-3011
Email: accommodations@marist.edu

Updated 06/19
**Additional information regarding supporting documentation:**

**Personal Statements:**

In your statement, please address the specific housing accommodation(s) you are requesting, and explain why the accommodation is needed.

**Medical documentation:**

All requests are based on disability. Disability-related requests (with the exception of Service Animal requests) require current (within 1 year) medical documentation to support the need for your accommodation(s).

All documentation should:

1. Verify the presence of a disability (i.e. a physical or mental impairment that limits one or more of the major life activities);
2. Verify functional limitations due to the disability, including the probable impact on your current/future living situation; and,
3. Address how long the condition is expected to last.

Credentials of the diagnosing professional must be listed on the document. Qualified diagnosing professionals may include: licensed physicians, psychologists, or other appropriate clinicians/specialists that have expertise in the diagnosis of your current condition, and follow established practices in the medical field.

Because disabilities and medical conditions can change over time, we ask that all documentation be current (within 1 year) and specific. The College reserves the right to request supplemental information in order to verify a resident’s current functional limitations.

Additional requirements for content of medical documentation, based on request type –

- For **Mobility** Accommodations: For disabilities or disability-related need(s) that are not readily apparent, required documentation verifying your disability-related need(s). Documentation for requests regarding walking restrictions must include specific distance limitations.

- For **Dietary** Accommodations, documentation should consist of:
  1. Severity of condition, including a verification of what type of reactions are experienced; and,
  2. Verification of what the recommended accommodations for this condition are.

**NOTE:** For food allergies unrelated to any other medical conditions, laboratory results are a suitable form of medical documentation.

- For **Psychological/Health Related** Accommodations (including Emotional Support Animals), documentation should consist of:
  1. Verification of history of relationship with the clinician, including assessment dates; and,
  2. Verification that the request is reasonable by demonstrating how the accommodation will mitigate the functional limitations of your disability.

**NOTE:** For ESA requests, documentation must also include:

  1. An explanation of how the clinician came to the conclusion that a support animal is necessary; and,
  2. Verification that you can responsibly care for the animal.

Questions regarding supporting documentation for Accommodations can be addressed via phone:

(845) 575-3274
MEDICAL INFORMATION RELEASE FORM

I, _______________________________________________________, give my consent for Marist College representatives to make contact with my health professional(s) to ask for my healthcare information, and give permission for my health professionals(s) to release my relevant healthcare information to the requesting Marist College representatives for the purpose of evaluating my request.

Below is a list of my health professional(s) that can be contacted:

Name: ______________________________ Contact Information: ______________________________

_________________________________ ____________________________

_________________________________ ____________________________

_________________________________ ____________________________

_________________________________ ____________________________

Signature: ___________________________ Date: ______________

INFORMED CONSENT FOR RELEASE OF INFORMATION

This release will remain in effect while you are a student of Marist College.

I, _______________________________________________________, authorize Marist College to discuss my accommodation(s) with applicable administrators, faculty and staff who have a legitimate need for the information on a limited, need-to-know basis, solely for the purpose of evaluating or implementing accommodations for my disability. I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with College policy, except as otherwise required by law.

Signature: ___________________________ Date: ______________