

## **REQUEST FOR HOUSING ACCOMMODATIONS- STUDENT FORM**

Full-time, undergraduate students who wish to live in housing, are in good judicial, and financial standing with the College, have paid the housing deposit, are currently registered with Disability Support Services (DSS) and have needs that may necessitate a housing accommodation. Students currently with a Housing Accommodation **MUST** reapply each new academic year or summer term.

Documentation (Requests for Housing Accommodations Form completed by both the student and the health care provider) should be submitted before the housing assignment process for the student's class year has ended. Specific deadlines for forms can be found on the DSS webpage.

If the need for Housing Accommodations arise during a semester or after the deadline, students are expected to fill out the appropriate documentation and return it as soon as possible. Documentation will be evaluated on an ad-hoc basis.

**\*Name:** \_\_\_\_\_  
Last First Middle Initial

**\*Address:** \_\_\_\_\_  
Street/ Apt # City State Zip Code

**\*Cell Phone:** \_\_\_\_\_ **\*Emmanuel E-mail Address:** \_\_\_\_\_

**\*Emmanuel ID#:** \_\_\_\_\_ **\*Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **\*Class of:** \_\_\_\_\_

**1. \*Describe your documented disability or medical condition requiring accommodation(s):**

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**2. \*Please state requested accommodation(s) and rationale for the accommodation(s):**

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3. \*Describe an effective alternative if the preferred accommodation(s) is/are not possible:

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4. Please include any additional information that you feel would be helpful in supporting your request for accommodation(s).

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By signing below, I certify that the above statements are correct, and I authorize Emmanuel College to release or exchange information with my medical provider and other institution officials as necessary to assist in this accommodation process.

\*Student's signature: \_\_\_\_\_

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

*\*Indicates required field*

**Please Return This Completed Form To:**  
Noelle Galli  
Disability Support Services Accommodation Coordinator  
Emmanuel College  
400 The Fenway  
Boston, MA 02115  
617-732-1681  
Confidential Fax: 617-975 9322  
[gallin@emmanuel.edu](mailto:gallin@emmanuel.edu)

**IMPORTANT - AS OF 3/16/20 – ALL REQUEST FORMS MUST BE SCANNED AND EMAILED TO [GALLIN@EMMANUEL.EDU](mailto:gallin@emmanuel.edu) AS THE CAMPUS IS WORKING REMOTELY AT THIS TIME.**

*Please remember that this form must be accompanied and supported by the Request for Housing Accommodations – Health Care Provider Form. Also, please understand that both documents will be reviewed and a decision regarding reasonable accommodations will be communicated in writing.*