

Student's Name: \_\_\_\_\_  
Last Name                      First Name                      Middle Name

## **HOUSING ACCOMMODATIONS POLICY**

Lycoming College is committed to providing equal educational opportunities and full participation for students with disabilities in all of its courses, services and activities for students. The College affirms its responsibilities under the Americans with Disability Act and Section 504 of the Rehabilitation Act to promote equal educational opportunity and provide students with disabilities reasonable accommodations.

In terms of housing or dining services, reasonable accommodations are those which remove barriers to access to College housing and ensure College housing is accessible to qualified students with disabilities. Accommodations which would afford students lesser responsibilities or expectations than those which the College holds for all students are not reasonable nor are accommodations designed to improve a student's success, address roommate conflicts, or for the convenience of the student. Reasonable accommodations could include a single room or a room in a Residence Hall with an appropriate HVAC system. Reasonable accommodations may also include modifications to a Residence Hall facility, such as grab bars in a bathroom or smoke and fire detectors with strobe lights.

Accommodation request are fact specific and considered on a case-by-case basis through an interactive process between the student and College staff evaluating the request.

## **PROCEDURE**

The student must submit a Housing Accommodation Request form to the Residential Life Office of Lycoming College.

The student must provide documentation from a licensed, qualified healthcare professional substantiating both that the student has a disability and that the requested accommodation is directly related to such disability and necessary to afford the student access to College housing, unless the disability or accommodation is obvious (addressed below). The documentation must be dated and signed with appropriate credentials by the healthcare professional and be current and comprehensive in light of the request which describes both the disability and the current functional impact of the disability as it relates to the housing modification or accommodation request.

Accommodation requests will be reviewed and evaluated by staff from Residential Life, Health Services, Counseling Services and Disability Services. The information provided by the student and the healthcare professional will be provided to the evaluating staff. This information is considered confidential and will not be shared with others not involved in the housing or dining accommodation process or with a "need to know". The staff will discuss the requested accommodation and consider options and suitable alternatives based on the current anticipated availability.

The College limits its requests for information to only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to fully participate in College housing.

If the individual's disability and the necessity for the accommodation are obvious/apparent (e.g., an individual with a physical disability who uses a wheelchair needs an accessible feature in their room), the individual need only explain what type of accommodation they are requesting. No verification of disability and/or necessity is required under these circumstances.

If the information provided through the interactive process is not sufficient for the College to determine whether an accommodation is necessary, the College will inform the student of the insufficiency and may request additional information before completing the eligibility review process.

Students are encouraged to submit any past documentation or materials establishing a history of receipt of appropriate accommodations in a previous academic setting, if available. Documentation from secondary schools may be helpful, but often does not provide sufficient information to establish the eligibility for a reasonable accommodation at the College level.

While every effort is made to honor and approve the accommodation request, implementation depends upon availability. For example, a housing accommodation for a single room during the semester may not be possible if there are no single rooms available.

Request for an accommodation can be submitted at any time. However, for requests submitted after **June 30<sup>th</sup>** there may be limited availability or ability to implement the accommodation at the time approved.

Accommodation request must be submitted and will be reviewed on a yearly basis. In some cases, additional updated documentation may be requested from the healthcare professional. Depending on availability and other circumstances, accommodation requests granted for one year may not be possible in a subsequent year.

It is the student's responsibility to notify the Director of Residential Life, Chair of the Accommodation Committee, of any change in the requested housing accommodation during their enrollment at the College.

The student making the request for accommodation must cooperate with the College in a timely manner in providing all information needed to determine whether the requested accommodation is necessary.

The student will be notified of the approval/denial of the request via e-mail. Please allow up to 1 month (30 business days) for the review process. If accommodation is granted, accommodations take effect immediately, based on availability.

Students whose requests are denied or who are dissatisfied with the process or its outcome, have the option appeal. More information about the appeal process can be found here [Housing Accommodation Request Grievance Procedure](#)

Questions about the housing accommodation request process should be directed to the Office of Residential Life at [reslife@lycoming.edu](mailto:reslife@lycoming.edu) [email] or 570-321-4046 [phone number].

By signing this Housing Accommodations Request, the student authorizes the College to share the information and documentation provided to the College staff evaluating the request. The student also authorizes the College staff to contact the healthcare professional for clarification or further information regarding the diagnosis or accommodation requirements.

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

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**PART I: TO BE COMPLETED BY THE STUDENT**

Student's Name: \_\_\_\_\_  
Last Name First Name Middle Name

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Class Year: \_\_\_\_\_

Time period requested for housing accommodation: \_\_\_\_\_ to \_\_\_\_\_  
Start End

Request Type:  Air Conditioner  Private Room  First Floor Room

Other: \_\_\_\_\_

**PART II: TO BE COMPLETED BY THE MEDICAL PROVIDER**

Name (Please Print): \_\_\_\_\_

Type of License: \_\_\_\_\_

License Number: \_\_\_\_\_

Contact Information (phone and/or email): \_\_\_\_\_

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

The student named above has applied for a housing accommodation at Lycoming College available to students with disabilities. Please note these definitions:

**“Disability”** includes, but is not limited to, a physical or mental impairment that substantially limits one or more major life activities.

**“Major bodily functions”** include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine and reproductive functions.

**“Major life activities”** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working.

To determine the student’s eligibility for reasonable and appropriate accommodations, we ask that you provide current and comprehensive information attesting to the student’s disability and documenting the functional impact of the disability. Disclosure of the information you provide will be limited to the persons evaluating the accommodation request.

Please take into consideration when completing this form:

- All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification.
- The medical provider completing this form cannot be a relative of the student and must have evaluated the student within the last 12 months.

If you have any questions, please email Residential Life at [reslife@lycoming.edu](mailto:reslife@lycoming.edu)

1. Based on this definition, does the student have a disability? \_\_\_\_\_
  
2. Is this student currently under your care? \_\_\_\_\_
  - a. When did you last see/evaluate this student? \_\_\_\_\_
  
3. How long have you been working with this student regarding this diagnosis/medical condition? \_\_\_\_\_
  - a. Date of diagnosis \_\_\_\_\_
  
4. What is the student’s diagnosis/medical condition and how long is this likely to persist? (Please use definitive language and avoid speculative language such as “suggests”, “could have problems” or “indicative of”.)  
\_\_\_\_\_
  
5. Describe the nature of the physical or other impairment of the student that serves as the basis for requesting accommodations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
6. What major life activity(ies) is/are substantially limited by the student’s condition and how exactly does the student’s condition impact these major life functions and to what degree? Additionally, please provide details regarding the chronicity and duration of these limitations.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. Please provide a specific housing or dining accommodation recommendations and a rationale as to why these needs are necessary based on the student’s medical (physical or emotional) condition.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
8. Please explain how the recommended accommodation(s) is/are necessary for the student to use and enjoy College housing. There must be a very clear connection between the functional impact of the disability and the recommendations.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What other options are available for improving the limitations described above?

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10. Please identify and explain if there are any housing environments that might lead to an exacerbation of the condition/impairment (e.g., room temperature, room location, etc.) if not already provided above.

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11. Is the impact of the disability life-threatening if the accommodation request is not met?

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12. Is there a negative health impact that may be permanent if the accommodation request is not met?

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13. If a student is requesting a specific room design or location, please demonstrate how the specific room design and/or living environment to mitigate the student's symptoms (e.g., requests for singles must include why other reasonable accommodations, such as changing roommates, utilizing other quiet study spaces, etc., are not reasonable to accommodate the student's disability).

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*Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. By signing below, you approve the above statements.*

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Signature

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Date

This form will be accepted **only** if received directly from the health care provider.

**Email:** [reslife@lycoming.edu](mailto:reslife@lycoming.edu)

**Mail:** Office of Residential Life  
Box 146

**Fax:** (570) 321- 4244

One College Place  
Williamsport, PA 17701