



## On-Campus Housing Accommodation Request

Before submitting a request for an on-campus housing accommodation, please note the following deadlines:

- For Spring Semester Housing requests: **December 1st**
- For Fall Semester Housing requests: **February 15th**
- For Incoming First-Year/Transfer Housing requests: **July 1<sup>st</sup>**

Requests received after these deadlines will experience delays in processing.

Please note: an approved accommodation does not guarantee a specific housing location.

### Request Process:

#### 1. Submit an Accommodation Request/Self-Report:

- If you have never requested disability accommodations at HWS, complete the initial Accommodation Request Form ([access here](#)).
- If you have previously received accommodations at HWS, complete a Supplemental Request on Accommodate ([instructions here](#)).
- Answer all questions of the Initial/Supplemental Request Form as thoroughly as possible.

#### 2. Complete the Necessary Documents:

- After completing your Initial/Supplemental Request, present the Verification Form below to your provider.
- Requests received without completed forms will not be reviewed.

#### 3. Upload Supporting Documents:

- Your provider can email the completed document to the Non-Academic Accommodation Committee (NAAC) at [NAAC@hws.edu](mailto:NAAC@hws.edu) or you can upload the completed document to your Accommodate profile.
- To upload documents, use "Shortcuts" on the right side of the homepage.
  - Note: Forms sent via fax will not be accepted.



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**4. Committee Review:**

- The Non-Academic Accommodation Committee (NAAC) will review your documentation and determine reasonable accommodation(s).
- The NAAC will notify you via email regarding the committee's decision once the review process is complete. The timeframe for this process may be extended at the committee's discretion.

**5. Post-Approval:**

- If your request is granted, Student Engagement will contact you to discuss policies related to the approved accommodation(s).
- A student may appeal the outcome of a NAAC decision to the NAAC Appeals Committee. An appeal must be submitted by the student, with updated documentation, within 14 calendar days of the date when the official decision notification was sent. Appeals will be reviewed within 5 business days. Access the NAAC Appeals Form [here](#).

Contact the NAAC at [NAAC@hws.edu](mailto:NAAC@hws.edu) with any questions about your submitted request.

## Confidential Handling of Disability Records

All information submitted to HWS related to the diagnosis, documentation, or accommodation of a disability is considered confidential and will not become part of any student record. Individuals on the NAAC will have access to all disability-related records. Access to disability records may be granted to other authorized HWS officials in the event of emergency or unusual circumstances.

### STUDENT (Please sign before providing this form to your clinician):

By signing below, I consent to allow my health care provider to share information relevant to my on-campus housing accommodation request with Disability Services at Hobart and William Smith Colleges for the next 60 days (about 2 months).

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

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



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## Verification Form for On-Campus Housing Accommodation

*To be completed by a clinician*

Clinicians should have an established relationship with the patient and be qualified to make the diagnoses and recommendations relevant to housing accommodations.

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Diagnosis (DSM5-TR or ICD):** \_\_\_\_\_

**Level of Severity:**  Mild  Moderate  Severe

**Date of Initial Diagnosis:** \_\_\_\_\_

**Date of Last Contact with Student:** \_\_\_\_\_

**Frequency of Meetings:** \_\_\_\_\_

**1. Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities.** Does the student's condition substantially limit their ability to function on campus?

- Yes
- No

**2. If yes, describe the current impact of the condition and specific symptoms that are substantially limiting:**

**3. How will the requested accommodation address these symptoms? Provide evidence that the accommodation has been beneficial in the past.**



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4. Describe any treatment measures, including medication, which are currently being employed to assist with the student's disability:

5. Is the accommodation necessary for the student to have equal opportunity in on-campus housing?

- Yes
- No

If yes, please explain:

6. Have you and the student discussed the appropriateness of the specific accommodation?

- Yes
- No

7. Have you discussed the responsibilities associated with the accommodation, and do you believe these might impact the student's symptoms?

8. If you do not recommend the specific accommodation, are there other accommodations you suggest?

9. Provide any additional relevant information about the student's functioning within the residential college campus setting:



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**Clinician's Name (Printed):** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**License #:** \_\_\_\_\_

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

Please attach a copy of your business card and return this form to:

**Non-Academic Accommodation Committee**

Email: [NAAC@hws.edu](mailto:NAAC@hws.edu)