



Office of Student Accessibility and Advocacy  
Sherry Young, MA  
Telephone: 610-921-7503  
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SAA@albright.edu

## Understanding the Process for Requesting Reasonable Housing Accommodations.

Rev. 2.14.20

I have read and understand the information below

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

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

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

### Housing Request Information:

Albright College provides reasonable housing accommodations for a student with a disability as defined by the ADA and the Fair Housing Act. The student must provide documentation from a licensed, qualified professional (medical doctor, neuropsychologist, psychologist, CRNP, etc.) that substantiates that the student has a physical or mental impairment that significantly limits a major life activity and that the requested accommodation is necessary to afford the student equal access. The Request for Reasonable Housing Accommodations form is a required supplement to the Accommodations Request packet and Disability Verification Form and should be submitted with the required documentation outlined in the Albright College Documentation Standards. **Housing requests will not be evaluated until all the required documentation is submitted.**

The request for housing accommodations and accompanying documentation may be reviewed by a health care professional at Albright College and the Director of Student Accessibility and Advocacy (SAA) who will determine the validity and reasonability of housing requests. SAA will consult with Residential Life to evaluate the student's current living arrangements and to coordinate any necessary accommodations or modifications to the living environment. **In submitting a request for housing accommodations, the student agrees to release documentation to these offices as necessary for the evaluation of and coordination of requested accommodations. The student will be notified of the final determination.**

The student must have completed a Housing Contract before submitting a Request for Reasonable Housing Accommodations. Requests will not be processed if the student does not have a contract.

A request for housing accommodations may be submitted and considered at any time; however, if the request for accommodations is made after the deadlines below, Albright College cannot guarantee that it will be able to meet the individual's accommodation needs during the first semester or term of occupancy. If the need for the accommodation arises when an individual already resides in residential housing, he/she should contact the SAA Office as soon as practicably possible. Albright cannot guarantee that it will be able to meet the accommodation needs during the semester or term in which the request is received. If you wish for your housing preferences (residence hall, roommate, etc.) to be considered, the request must be received by the deadlines as well.

- Fall Semester
  - Returning Students: April 1<sup>st</sup>
  - New Students: June 15<sup>th</sup>
- Spring Semester
  - New and Returning Students: November 15<sup>th</sup>

Housing Accommodations, if approved, will supersede any preferences indicated in the housing contract. If the request is submitted before the dates above, the college will attempt to honor your requests, unless to do so, would result in a living arrangement that is in opposition to your approved accommodations. If you submit your request after the dates noted above, or if your accommodations cannot be met with your selected preferences, you will be assigned to a space that will meet the accommodation(s) required due to your functional limitations. Any room assignment due to a disability will only accommodate the student requiring the accommodation. Accommodations do not apply to any roommate requests, and SAA does not displace students currently living in college housing due to another student's accommodation request.

Requested accommodations cannot supersede safety regulations set by the city, state, or other governing bodies.

Reasonable housing accommodations, when approved, take effect immediately based on housing availability. Albright cannot guarantee that it will be able to meet the accommodation needs during the semester or term in which the request is received. Requests cannot be submitted for future semesters without addressing the current assignment, and a request to hold a reassignment will not be honored.

**Room Assignment Changes:**

Housing accommodations may limit where a student can reside based on residence hall environments and current room availability. Once housing accommodations are approved, the following will occur:

- Residential Life will collaborate with SAA to determine which available residence hall can meet the student's needs or if any adjustments need to be made to the student's physical room.
- If the student elects to live in a residence hall that has been pre-determined to be single rooms for the Albright student body, the student will be required to pay the housing expenses for that room. The only exception would be if the student medically requires a single room and there are no other single rooms available on campus where the student's medical needs can be accommodated.
- Should the student wish to move to another room where the medical need cannot be met, the college may require the student to submit, in writing, documentation from a medical professional stating that the approved accommodations are no longer medically necessary or that the professional feels the new requested living space will not jeopardize the student's medical needs or safety. If such documentation is not available, the student must verify, in writing, that he/ she understands that the accommodation cannot be met by the selected room and that if the accommodation would be required for future semesters, the Request for Reasonable Housing Accommodations would need to be resubmitted and re-evaluated. In the latter instance, SAA, residential life and/ or Gable Health professionals will review the request and make a final determination to accept or deny the new housing request.
- If a student is moved to a new room to address a temporary medical need, the student will return to their original college housing once they have been medically cleared by their provider.

If the provider returns the verification form without sufficient information for SAA to determine whether an accommodation is necessary, the Director of SAA may request additional information, including speaking directly with the individual supplying the verification form. The individual making the request for accommodation must cooperate with SAA in a timely manner in providing all the information needed to determine whether the requested accommodating is necessary.

Albright College reserves the right to change or update this process at any time.



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**Supplemental Verification Form:  
 Request for Reasonable  
 Housing Accommodations**

**Student Information – To be completed by the student**

**Directions:** Please complete the Student Information portion of this form. Once this is completed, please give the ENTIRE form to your provider. Your provider should send this form directly back to the SAA Office. It should not be returned to the student. The form should be sent to Albright College, Office of Student Accessibility and Advocacy, P.O. Box 15234, Reading, PA 19612 or Faxed to 610-929-6793.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Biological Gender: \_\_\_ Male \_\_\_ Female. Preferred Pronoun: \_\_\_\_\_

Are you currently using gender inclusive housing? Yes No

Permanent Address: \_\_\_\_\_

Current Residence Hall and Room #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I authorize Albright College to receive information from the provider below. I also authorize my provider to discuss my condition(s) via phone or fax with Albright College SAA Office to clarify any questions relating to my condition(s).

Provider Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE REQUIRED**

I have read "Understanding the Processes of Requesting Reasonable Housing Accommodations." I understand that once an accommodation has been approved that it will be effective immediately or as soon as Residential Life can make the necessary adjustments. I understand that the following may occur based on the date of my approval, the needs being addressed by the accommodation, or on the current availability of housing.

- My roommate or residence hall preference may not be considered
- Albright cannot guarantee that it will be able to meet the individual's accommodation during the initial term of occupancy or during the semester in which the request was received if it is received after the due dates.
- I may be relocated to a room that will meet my medical needs without my prospective or current roommate.
- If I have been reassigned housing due to a temporary medical need, I will return to my original housing once I have been medically cleared.
- If I am interested in a room change during the contract period, I will be limited to available rooms that can accommodate my needs
- I understand that my request and documentation may be reviewed by the SAA Office and Albright College medical professionals and that my needs will be discussed with Residential Life.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTIONAL**

I authorize Albright College to discuss my medical information and request for reasonable housing accommodation with the following on my behalf:

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Information – To be completed by the provider**

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

To determine how Albright College can best meet the student's need for reasonable accommodations in college housing, the college requires specific diagnostic information from a licensed professional (medical



Recommended reasonable accommodation	
How will this accommodation alleviate or address the symptom?	

2.

Medical or psychological symptom/ limitation	
Explanation as to how this symptom/ limitation affects the student in College Housing	
Recommended reasonable accommodation	
How will this accommodation alleviate or address the symptom?	

3.

Medical or psychological symptom/ limitation	
Explanation as to how this symptom/ limitation affects the student in College Housing	
Recommended reasonable accommodation	
How will this accommodation alleviate or address the symptom?	

4.

Medical or psychological symptom/ limitation	
Explanation as to how this symptom/ limitation affects the student in College Housing	
Recommended reasonable accommodation	

How will this accommodation alleviate or address the symptom?	
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Is there any additional information that should be considered that is not reflected in this form or other attached documentation?

### Provider's Certifying Information

Professionals rendering assessments, diagnosis and providing recommendations for reasonable accommodations must be relevant and qualified to do so (medical doctor, neurologist/ neuropsychologist, psychologist, CRNP, etc.). The provider signing this form must be the same person who answered the questions above and may NOT be related to the student.

Provider's Name	
Credentials	
Office or Business Name	
License Number	
State of Licenser	
Street Address	
Office Phone Number	
Fax number or Email Address	
I have attached the supporting documents including:	<input type="checkbox"/> Most recent evaluation report (Psychological, Educational, Learning, medical, etc.) <input type="checkbox"/> Testing scores or Test results supporting the diagnosis indicated on the form <input type="checkbox"/> Other medical documents
Office Stamp	

*I certify by my signature below that the student is a patient that I have been treating, that all information is current and accurate and that I am not a relative of the student named above.*

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

Please send this form directly to:  
Albright College, Office of Student Accessibility and Advocacy

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Albright College  
Office of Student Accessibility and Advocacy  
1621 North 13<sup>th</sup> Street  
Reading, PA 19604

P.O. Box 15234, Reading, PA 19612  
Fax: 610-929-6793.

Thank you for taking the time to complete this form. We may contact you for clarification if necessary