



Marietta College

DISABILITY SERVICES

Housing Accommodation Application

This form is to be completed by any Marietta College student seeking housing accommodations due to a documented disability or medical condition (other than the request for an air conditioner). To assist in the full and fair evaluation of such requests, the student seeking accommodations is responsible for completing the following process:

- 1) This *Housing Accommodation Application* must be completed in full and returned to the Non-Academic Accessibility Services Coordinator a minimum of one month prior to all campus student room selections for the semester for which the accommodation is being requested.
- 2) If more information is needed, the student must meet with the Non-Academic Accessibility Services Coordinator to discuss their disability and the potential need for accommodation.
- 3) **IF** the housing accommodation is approved, the student will then meet with the Housing Officer in the Office of Community Living to discuss room selection.

Please direct any questions and return completed forms to:

Lacey Wilson

Non-Academic Accessibility Services Coordinator

Marietta College

215 Fifth Street

Marietta, OH 45750

740-376-4477 (office)

Email: lnw002@marietta.edu

Marietta College Housing Accommodation Application

Part I. To Be Completed by the Student

Student Name: _____ MC ID# _____

Date submitted: _____ for Term _____.

Description of housing accommodation being requested:

Reason housing accommodation is needed:

By signing this form, I certify that the information presented on this application is true.

Student Signature

Date

CONTINUE TO PART II WHICH MUST BE COMPLETED BY YOUR HEALTH CARE PROVIDER IN ORDER FOR THE APPLICATION TO BE ACCEPTED

Marietta College Housing Accommodation Application

Part II. To Be Completed by Health Care Provider

Student Name: _____

Name of Health Care Provider: _____

Phone Number: _____

Address: _____

Practitioner should provide the following:

- 1) Verification that you have been actively treating the individual making the request
- 2) Verification that the individual has a qualifying medical condition or disability that limits a major life activity
- 3) Recommended accommodation(s) and duration of accommodation
- 4) Explanation of how the reasonable accommodation(s) will assist the student.

This information should be provided on your professional office letterhead and be included with this sheet.

You may return the documents to the student to be submitted to our office, return them by USPS, or send them directly via email to the Non-Academic Accessibility Services Coordinator or through standard mail.

To send documentation or for any questions please contact:

Lacey Wilson

Non-Academic Accessibility Services Coordinator

Marietta College

215 Fifth Street

Marietta, OH 45750

740-376-4477

Email: lnw002@marietta.edu