Gettysburg College
Student Housing Accommodation Request Form

Name: _____________________________  Class: __________ Date:___________

ID#:____________________

Please Note: You may provide a typed copy of your answers to the following questions:

(Please circle choice)
1) a. Do you have a physical (medical, sensory, mobility) condition/disability? YES NO
   b. Do you have a learning disability? YES NO
   c. Do you have a neurological or psychiatric disability? YES NO
   d. Do you have a food allergy or special dietary needs? YES NO
   e. Are you receiving services from a state vocational rehabilitation agency? YES NO

If you responded yes to letter E, please indicate the state in which you are receiving service.

__________________________________________________________

DOCUMENTATION GUIDELINES: All students seeking accommodation for disabilities must provide appropriate documentation of the disability including: formal diagnosis (DSM if appropriate), testing results, and the rationale for the recommended accommodations. Please see our HANDBOOK for further information about documentation.

2) Please describe your condition/disability.

HOUSING ACCOMMODATIONS

**Please note that Gettysburg College is a Residential College. Learning how to live with another person and how to compromise and resolve differences are critical life skills.

3) What housing accommodations are you seeking? Please circle any/all that apply:
   a) Single room
   b) Kitchen Access
   c) Air Conditioning
   d) Limited use bathroom
   e) Ground floor housing
   f) ESA – Emotional Support Animal
   g) Other – please explain
Questions 4 thru 6 are for rising sophomores and upperclass students. New incoming students please proceed to question 7.

4) What is your current housing situation?

5) How is the current housing assignment not meeting your needs?

6) What attempts have you made to work through your current housing difficulties? (Compromises, schedule adjustments, working with dining services, etc.)

Dining Accommodations
Dining Services is committed to the nutrition and wellness of our students. The Food Allergy Program is designed to work with students who have food allergies and dietary sensitivities. Housing accommodations are only considered after a determination that Dining Services is unable to meet a student’s needs.

7) If you have dietary restrictions (allergies, etc.), have you met with Dining Services to discuss the availability of food to meet your needs? YES NO

- If you circled NO – please note that this must be done BEFORE we can consider any dietary based requests. Please complete this online survey (URL below) and contact Dining Services at -717-337-6326 to discuss your options.

- If you circled YES – please have the Dining Services representative complete the box below. Once completed - return this form to Academic Advising.

To be completed by dining services:

<table>
<thead>
<tr>
<th>Date</th>
<th>Dining Services Representative (sign)</th>
<th>Dining Services Representative (print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needed Accommodations met by Dining (circle)</td>
<td>If Yes: Describe accommodations made by Dining Services below</td>
<td>If NO: Dining Services will contact AA to discuss accommodations needed</td>
</tr>
<tr>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>
If your housing accommodation is approved, the Office for Residential & First-Year Programs will contact you for additional information (i.e. roommate selection, building options).

Please choose one of the options below and sign your name. If you have questions, please contact the Office of Academic Advising.

a) **I DO WISH** the Office of Academic Advising to share information about my disability and recommendations for accommodation with Residence Life and/or Dining Services. I understand that I have the primary responsibility to share this information and that the Academic Advising Office will supplement the information I have already provided to Residence Life and/or Dining Services when this is necessary or advisable.

**Signature**

b) At this time, **I DO NOT WISH** the Office of Academic Advising to share information about my disability and recommendations for accommodation with Residence Life and/or Dining Services. If I do not wish Academic Advising to share information, I can still receive housing accommodations which I may share with college staff but the Academic Advising office will not be able to share additional information about my disability and recommended accommodation with anyone.

**Signature**

Please return this form to:
Gettysburg College
Office of Academic Advising
300 North Washington St
Campus Box 414
Gettysburg, PA 17325

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