

# MARIST

## ACCOMMODATION REGISTRATION FORM

*To be completed by the student. Please print clearly.*

Submit this completed form, associated forms and send all required supporting documentation to the Office of Accommodations & Accessibility.

Date of Request: \_\_\_\_\_ Student CWID: \_\_\_\_\_

Student Name: \_\_\_\_\_  
LAST FIRST M.I.

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Current Housing Placement (if applicable): \_\_\_\_\_

Current Year: (CIRCLE ONE): INCOMING/NEW MARIST STUDENT FRESHMAN SOPHOMORE JUNIOR SENIOR

Select the type of special accommodation requested and complete their accompanying forms.

- Dining Services/Dietary Accommodations (Dining Form)
- Emotional Support Animal\* (Support Animal Form)
- Housing Accommodations (Housing Form)
- Parking Accommodations (Parking Form)
- Physical Disability (Physical Disability Form)
- Psychological/ADD/ADHD Disability (Psychological Disability Form)
- Service Animal\* (Service Animal Form)
- Temporary Accommodations (Temporary Accommodations Form)

**\*NOTE: No animals are allowed in residence halls/buildings until the request has been approved in writing by the Marist College Office of Accommodations & Accessibility.**

Submit this form, along with the associated accommodation request form and any related medical documentation in person, by fax, email or by mail to:

Marist College  
Office of Accommodations & Accessibility  
3399 North Rd.  
Poughkeepsie, NY 12601  
Fax (845) 575-3011  
Email: [accommodations@marist.edu](mailto:accommodations@marist.edu)

## Additional information regarding supporting documentation:

### Personal Statements:

In your statement, please address the specific housing accommodation(s) you are requesting, and explain why the accommodation is needed.

### Medical documentation:

All requests are based on disability. Disability-related requests (with the exception of *Service Animal* requests) require current (within 1 year) medical documentation to support the need for your accommodation(s).

#### **All documentation should:**

- (1) Verify the presence of a disability (i.e. a physical or mental impairment that limits one or more of the major life activities);
- (2) Verify functional limitations due to the disability, including the probable impact on your current/future living situation; and,
- (3) Address how long the condition is expected to last.

Credentials of the diagnosing professional must be listed on the document. Qualified diagnosing professionals may include: licensed physicians, psychologists, or other appropriate clinicians/specialists that have expertise in the diagnosis of your current condition, and follow established practices in the medical field.

Because disabilities and medical conditions can change over time, we ask that all documentation be current (within 1 year) and specific. The College reserves the right to request supplemental information in order to verify a resident's current functional limitations.

#### Additional requirements for content of medical documentation, based on request type –

- For **Mobility** Accommodations: For disabilities or disability-related need(s) that are not readily apparent, required documentation verifying your disability-related need(s). Documentation for requests regarding walking restrictions must include specific distance limitations.
- For **Dietary** Accommodations, documentation should consist of:
  - (1) Severity of condition, including a verification of what type of reactions are experienced; and,
  - (2) Verification of what the recommended accommodations for this condition are.

***NOTE: For food allergies unrelated to any other medical conditions, laboratory results are a suitable form of medical documentation.***

- For **Psychological/Health Related** Accommodations (including **Emotional Support Animals**), documentation should consist of:
  - (1) Verification of history of relationship with the clinician, including assessment dates; and,
  - (2) Verification that the request is reasonable by demonstrating how the accommodation will mitigate the functional limitations of your disability.

***NOTE: For ESA requests, documentation must also include:***

- (3) An explanation of how the clinician came to the conclusion that a support animal is necessary; and,
- (4) Verification that you can responsibly care for the animal.

Questions regarding supporting documentation for Accommodations can be addressed via phone:

(845) 575-3274

# MARIST

## MEDICAL INFORMATION RELEASE FORM

I, \_\_\_\_\_, give my consent for Marist College representatives to make contact with my health professional(s) to ask for my healthcare information, and give permission for my health professional(s) to release my relevant healthcare information to the requesting Marist College representatives for the purpose of evaluating my request.

Below is a list of my health professional(s) that can be contacted:

Name:

Contact Information:

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

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

### INFORMED CONSENT FOR RELEASE OF INFORMATION

*This release will remain in effect while you are a student of Marist College.*

I, \_\_\_\_\_, authorize Marist College to discuss my accommodation(s) with applicable administrators, faculty and staff who have a legitimate need for the information on a limited, need-to-know basis, solely for the purpose of evaluating or implementing accommodations for my disability. I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with College policy, except as otherwise required by law.

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

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

# MARIST

## Voluntary Disclosure of Disability

Dear Student:

The purpose of the American Disability Act (ADA) is to ensure that students who may have special needs are provided with reasonable accommodations to help them achieve academic success.

It is important to understand that while this disclosure is voluntary, a student with a disability has the legal responsibility to request any necessary accommodations in a timely manner and to provide the institution with appropriate, current documentation of the disabling condition. Completing this form is the first step in that process. Once this form has been received by The Office of Accommodations & Accessibility (OAA), you will receive additional information as to how to proceed with requesting accommodations and providing documentation.

The information on this form will be kept strictly confidential and used only to provide appropriate services.

**DO NOT COMPLETE AND RETURN THIS FORM IF YOU DO NOT HAVE A DISABILITY**

Name \_\_\_\_\_ CWID Number \_\_\_\_\_

Home

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Nature of Disability

Attention Deficit/ADHD

Deafness/Hard of Hearing

Blindness/Visually Impaired

Mobility Impairment

Learning Disability

Psychiatric Disorder

Other Health \_\_\_\_\_

Limited Major Life Activity

Reading

Writing

Mathematics

Attention

Speech

Mobility

Other \_\_\_\_\_

Residential Status:  Commuter  Resident

Do you have physical disability and/or request accommodations in housing?  Yes  No

Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit this form in person, by fax, email, or by mail to:

**Marist College**

**Office of Accommodations & Accessibility**

**3399 North Rd.**

**Poughkeepsie, NY 12601**

**Fax (845) 575-3011**

**Email: accommodations@marist.edu**

# MARIST

## OFFICE OF ACCOMMODATIONS & ACCESSIBILITY PARKING EXEMPTION REQUEST FORM

Eligibility for accessible parking is based upon a review of current medical information and the applicant's current needs, which could be of a permanent or temporary nature. You will be notified by the Office Accommodations & Accessibility if this application is approved.

(Circle one) PERMANENT or TEMPORARY: (dates) From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

STUDENT NAME \_\_\_\_\_ SEMESTER REQUESTED \_\_\_\_\_

STUDENT CELL # \_\_\_\_\_ STUDENT CWID # \_\_\_\_\_

ON CAMPUS RESIDENCE \_\_\_\_\_ CURRENT # OF COMPLETED CREDITS \_\_\_\_\_

STUDENT EMAIL \_\_\_\_\_

I request a parking exemption from Marist College for the following reason:

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If applicable, attach appropriate signed medical documentation (on letterhead) from a licensed medical practitioner. Unsigned documentation will not be accepted. Medical documentation will be reviewed by the Marist College medical staff (if warranted) before this application is approved (Please see medical information release form). Release form must be signed by the student before the application will be processed.

Submit this form in person, by fax, email or by mail to:

Marist College  
Office of Accommodations & Accessibility  
3399 North Rd.  
Poughkeepsie, NY 12601

Fax (845) 575-3011  
Email: accommodations@marist.edu

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Do not bring your vehicle to campus until this request is approved. Unauthorized vehicles will be towed at the owner's expense and the owner will be subject to a one semester penalty for the semester after they earn 50 credits.

Parking space is limited and there is no guarantee that this request will be approved.

Any student with a parking exemption who receives a parking ticket may have the exemption revoked.