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

Updated 06/19
**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 of 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:

  1. An explanation of how the clinician came to the conclusion that a support animal is necessary; and,
  2. Verification that you can responsibly care for the animal.

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

(845) 575-3274

Updated 06/19
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 professionals(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:

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<tr>
<th>Name:</th>
<th>Contact Information:</th>
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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: ___________________________
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
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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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.