

vi. Treatments other than the use of a single room which have been used for symptom reduction:

vii. Date on which the use of a special accommodation was prescribed:

b. EVIDENCE OF THE CONNECTION BETWEEN THE DIAGNOSIS/SYMPTOMS AND THE NEED FOR A SINGLE OCCUPANCY BEDROOM:

- c. EVIDENCE THAT THE STUDENT WILL NOT BE ABLE TO USE AND ENJOY THE RESIDENCE HALL OR TO PARTICIPATE IN THE SERVICES OR PROGRAM IF A SINGLE ROOM IS NOT ASSIGNED:

3. In your professional, medical opinion, is this accommodation a requirement for attendance, or is this a convenience for the student? (Circle one, please)

MEDICAL REQUIREMENT

CONVENIENCE

4. Upon completion of this form, please return to:

Mike Farmer
106 Wilsbach Hall
Oneonta, NY 13820

OR via e-mail to:

Mike.Farmer@oneonta.edu

Or via Fax to:

Mike Farmer
(607) 436-2110

5. This request will be reviewed by a committee that is composed of representatives from the following offices:
- Counseling, Health and Wellness Center
 - Student Development
 - Accessibility Resources Office
 - Residential Community Life