Supplemental Form for an Accommodation in College Housing

The student named below has applied for a reasonable accommodation in college housing. In order to determine eligibility and to provide accommodations, we require additional information.

You may mail or fax the completed form to AEC using the information above. Please contact us if you have any questions or concerns. Thank you for your assistance.

Student’s Name: ____________________________  Date of Birth: __________

Today’s Date: __________/_________/__________

Month    Day    Year

Earlham College is an independent, residential college that aspires to provide the highest-quality undergraduate education in the liberal arts using close interaction between faculty and students.

The College, located in Richmond, Indiana, requires all undergraduate students under the age of twenty-three to live in approved on-campus housing facilities: residence halls and college houses.

All of the eight residence halls feature a wide-range of community spaces balanced with the privacy and security we all want in our home. There are several different types of living spaces to choose from: traditional single, double, and triple rooms as well as hybrid suite-style rooms.

The college house experience offers students the chance to live with a close-knit group of their peers who have shared community and educational goals for the academic year. Each of the twenty college houses holds between five and twelve students at a time.

State specifically what housing placement you recommend as an accommodation and how this placement will provide access by removing barriers created by the individual’s impairment.

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http://www.earlham.edu/academic-enrichment-center
If the requested placement is not possible, what alternative placement can address the stated needs?

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Please provide any additional information that you feel would be helpful to the Disability Housing Team
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The information I have submitted is based on professional documentation and is, to the best of my knowledge, accurate and should be taken into consideration when reviewing this student’s request. I affirm that this information is not based, in any way, on any personal relationship with the student.

Printed Name: ___________________________ License Type/Classification: ______________________
License Number: _________________________ State Issued By (Country, if outside U.S.): ____________
Signature: _____________________________________________________________________________
Organization: _________________________________________________________________________
Address: ____________________________________________________________________________
Telephone: ____________________________ Fax: ____________________________