



Office of Residential Life
Special Housing Request Form
Fall 2009 – Freshman and Transfer Students

This form must be submitted with a doctor’s diagnosing documentation to Office of Residential Life, 200 Bloomfield Avenue, West Hartford, CT 06117 in conjunction with your request for housing. We encourage all students who will be requesting special housing accommodations to submit your application by **June 12, 2009 in order for us to make the best possible effort to try and accommodate the request. Please note that if you submit this form, you will receive a housing assignment based upon the documented needs.**

The information requested is to document a medical or psychological reason for special housing accommodation. Please complete this form, attach a doctor’s diagnosing documentation, and return it to the Office of Residential Life. This information will be treated as a confidential file in the Office of Residential Life.

Student Name _____ Student ID# _____ (8 digits)

All students diagnosed with a learning disability or Attention Deficit Disorder, must also submit a statement from Lynne Golden, Director of Learning Plus located in Auerbach Hall Room 209, approving your request.

1. Diagnosis:
2. Test/Evaluations used. Dates & Results of tests/evaluations:
3. Brief history of functional issues:
4. Present functional issues:
5. Current prescriptions and/or treatment:
6. Recommendations regarding housing needs (must include specific rationale for each accommodation):
 - Air conditioning • Carpet/No Carpet • Kitchen • Elevator/Ramp
 - Proximity to Academics • Proximity to handicap parking • Proximity to restrooms
 - Other _____

HOUSING PREFERENCES: (are not guaranteed to be fulfilled)

MEAL PLAN: (chose only one)

Area/Building (list top three preferences) **Floor** (not required/as available)

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

- Premium Plus (19 meals/\$200 DD)
- Premium (12 meals/\$250 DD)
- Flex (7 meals/\$450 DD)

Roommate Preference (*Optional*)*

ID#: _____

Roommate Preference Signature

Date

** Please note that roommate requests are optional. Students who are granted a medical placement may select one student to live in their room or apartment/suite. Unless medical needs require a single room, the student’s roommate request will be placed in the student’s room. The roommate noted on this form is NOT guaranteed any special accommodations. Additionally, your roommate preference must be eligible for placement. Lastly, if your needs change during the academic year, the Office of Residential Life may not be able to accommodate your roommate. While the Office of Residential Life will strive to meet these requests, roommate requests are not guaranteed.*

If you have any questions, please call Jennifer K. Lovelace at x7792 or e-mail her at jlovelace@hartford.edu