



Student Access Office
Post Hall
Room 107
1 South Ave
Garden City, NY 11530

Petition for Reasonable Housing Accommodation Assignment

Name: _____ Date: _____
Street Address: _____ City _____ State _____ Zip _____
Home Phone #: _____ Cell Phone #: _____
E-Mail Address: _____ Student ID #: _____

Please indicate your disability type(s). Check all that apply:

- Neurodevelopmental Disability
 - ADHD
 - Autism Spectrum Disorder
 - Communication/Speech
 - Learning Disability
 - Motor

- Sensory Disability
 - Blind
 - Low Vision
 - Deaf
 - Hard of Hearing

- Mental Health

- Physical Disability
 - Basic Chronic Medical Condition
 - Mobility
 - Orthopedic

- Intersystem Disability
 - Alcohol/Substance Abuse Recovery
 - Complex Chronic Medical Condition
 - Traumatic Brain Injury

- Temporary Disabilities

- Multiple Disabilities

Please indicate below the types of accommodation that you are requesting:

- Single room
- Double room vs. triple room
- Accessible room/facilities (including ramp, elevator, and/or 1st floor room)
- Air conditioning
- Other (please describe): _____

Briefly describe why you are requesting the above accommodations:

Section 504 & ADA allow colleges to require documentation of a disability in order to determine the most appropriate accommodations that a student will need. The SAO holds all documentation in the strictest confidence and will not release specific information without authorization from the student. Guidelines for documentation are available upon request.

Are you submitting disability documentation with this application? (check one)

___YES

___NO

***Please attach all documentation to your Petition Request form.**

FOR TRANSFER STUDENTS ONLY:

Please list any accommodations that you received from other colleges:

College: _____

Accommodations Received: _____

Please allow a reasonable time-frame for Student Access Office to review each petition and supporting documentation.

For office use only:

Petition Granted Date: _____
Accommodations: _____

Petition Denied Date: _____
Reasons: _____

Provisional Services Granted from _____ through _____; pending submission of documentation.