

**Housing Pre-Assignment  
Registration Form**

If you have a disability or condition for which you would like to request a housing accommodation, please complete and return this form so that we can review your request and make appropriate accommodations.

Please Print:

Please indicate which semester you are requesting a medical pre-assign: \_\_\_\_\_

Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

Specific Diagnosis: \_\_\_\_\_

Time of Onset/Diagnosis: \_\_\_\_\_

Nature of Disability: Indicate why the disability and/or related medications and treatments require a specific housing accommodation: \_\_\_\_\_

---

---

---

---

---

---

---

---

Present Treatment Plan: \_\_\_\_\_

---

---

---

Type of housing you are requesting because of this condition (specific side of campus or type of housing)\*\*:

---

---

---

---

**\*\*Documentation must specifically support requests for accommodations\*\***

**Continue on reverse side**

I will be submitting documentation from:

---

Clinician's Name

Credentials

Providing this information is voluntary. Any information you provide will be kept confidential and will be shared only with those members of the Hamilton College administration, health services, and/or counseling staff and faculty involved with coordinating services and providing your accommodations.

---

Signature

Date

Forward completed forms and documentation to:

Allen Harrison  
Associate Dean of Students for Diversity and Accessibility  
Hamilton College  
198 College Hill Road  
Clinton, New York 13323  
Fax: 315-859-4077  
Phone: 315-859-4021  
[aharriso@hamilton.edu](mailto:aharriso@hamilton.edu)

**Disability Certification Form**

To: Clinician

Hamilton College offers services on an individual basis to students with documented disabilities. The student listed below has requested a housing accommodation. Please certify his/her disability diagnosis and fax/return the form to us as soon as possible to the address listed. This information is confidential and will be shared only with members of the Hamilton College administration, health services, and counseling staff involved with coordinating services and accommodations. Thank you.

Name of Student: \_\_\_\_\_

Specific Diagnosis: \_\_\_\_\_

Date of Diagnosis/Time of Onset: \_\_\_\_\_

Length of Time Working with Student: \_\_\_\_\_

Most Recent Evaluation: \_\_\_\_\_

Nature of Disability: Explain the current functional limitations imposed by the condition. Indicate how the disability interferes with or limits any facet of a major life activity, including current participation in courses, programs, or activities of the College. Include the impact of medication or other treatments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific duration, stability or progression of the condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current treatment/follow up plan: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Specific recommendations for appropriate accommodations, based on disability: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name (Please Print): \_\_\_\_\_

Certification/Credentials: \_\_\_\_\_

State Licensure Number (if applicable): \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Area Code/Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward completed forms and documentation to:

Allen Harrison  
Associate Dean of Students for Diversity and Accessibility  
Hamilton College  
198 College Hill Road  
Clinton, New York 13323  
Fax: 315-859-4077  
Phone: 315-859-4021  
[aharriso@hamilton.edu](mailto:aharriso@hamilton.edu)