

# SPECIAL HOUSING AND/OR DINING REQUEST

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## **Tompkins Cortland Community College** **Office of Residence Life**

This form is to be used

- (1) if you would like us to consider any medical, psychological or other needs when making your housing assignment;
- (2) in order to request to be released from your housing contract or
- (3) to request an exemption from the mandatory dining plan for residential students.

Students who sign a housing contract are agreeing to live in on-campus housing for a full academic year; releases from campus housing will be made ONLY if no accommodation on campus can meet your medical needs at that time. Tompkins Cortland Community College reserves the right to substitute an effective alternate accommodation for the one requested.

### **Documentation**

Documentation must:

1. Be current.
2. Be written (on letterhead, no prescription pad notes) by someone who has the credentials or expertise in a relevant area to make the recommendation.
3. State a diagnosis of your condition.
4. Demonstrate that your diagnosis or condition requires a reasonable accommodation.
5. Connect the requested accommodation to the needs which stem from diagnosis or condition so that the accommodation will ultimately fill a specific need(s).
6. Be detailed enough for staff to make an informed decision about your request.

### **Evaluation**

- Each request is individually evaluated based on the merits of the supporting documentation provided.
- Requests may take up to 2 weeks to process after all supporting documentation is received, though actual length of the review process can vary depending on the application volume. Requests will not be considered until supporting documentation is complete.
- Requests involving disabilities will include the Coordinator for Access and Equity Services and/or Health Center, or Counseling Center. Once your request has been evaluated, a recommendation will be made to the Office of Residence Life. We will notify you of the decision once we have reviewed the recommendation. We make every attempt to do this in a timely manner. Approval of all requests is at the discretion of Tompkins Cortland Community College Office of Residence Life.

### **Housing**

- If this information is submitted prior to the start of fall semester or during winter break and prior to the start of spring semester, if your request is approved, staff in the Office of Residence Life will house you according to the

recommendation of the reviewers and the available housing options. If this information is submitted during the fall or spring semester, a staff member from Residence Life will contact you to arrange a meeting concerning available housing options.

- If the type of housing that is recommended is not currently available, you will be placed on a list for special consideration. These requests will be prioritized ahead of all other housing requests. When and if the recommended space becomes available, you will be contacted. If there is no accommodation that meets your specific need, you will be released from your housing contract by the Director of Residence Life.

## **Dining**

- If your request is approved, you will not be required to have the mandatory meal plan. You will be responsible for all of your own meals.

# SPECIAL HOUSING/DINING REQUEST APPLICATION

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NOTE: If you are requesting special housing accommodation because of a disability, you MUST be registered with the Coordinator for Access and Equity Services.

Name: \_\_\_\_\_ I.D. Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Current On-Campus Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

1. I am making the following Special Housing request (check all that apply):

\_\_\_\_ Substance free floor    \_\_\_\_ Extended Quiet Hours Residence    \_\_\_\_ Personal refrigerator

\_\_\_\_ Apartment with no carpeting    \_\_\_\_ Exemption from Dining Plan

\_\_\_\_ other (please explain): \_\_\_\_\_

2. I am requesting this accommodation for Fall \_\_\_\_\_ Spring \_\_\_\_\_ Year \_\_\_\_\_

3. This request is the result of a permanent and/or reoccurring condition and I will need to be accommodated for the remainder of the time I reside in on-campus housing:    Yes \_\_\_\_ No \_\_\_\_

If this request is for a non-medical reason, please attach a letter and any supporting documentation explaining your request.

"I have reviewed this application and I wish to make a Special Housing and/or Dining Request. I have provided the appropriate documentation to the Coordinator for Access and Equity Services. I give my consent to the Tompkins Cortland Community College Health Center; Counseling, Career, & Transfer Services Office, and/or the Coordinator for Access & Equity Services to review these materials and make a recommendation to the Office of Residence Life regarding this request."

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Please mail this form & supporting documentation to:

Coordinator for Access & Equity Services

Tompkins Cortland Community College

P.O. Box 139  
170 North Street, Room 130  
Dryden, NY 13053  
or fax to 607-844-6549

Email to: [bcl@tompkinscortland.edu](mailto:bcl@tompkinscortland.edu)

----- Office Use Only Below This Line -----

\_\_\_\_\_  
Residence Life Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator for Access & Equity Services signature

\_\_\_\_\_  
Date