

Student Housing Accommodation Request Form

Your Housing Accommodation Request Form along with your supporting documentation will be reviewed by the Office of Specialized Services (OSS). If your accommodation request is approved, the OSS will recommend the appropriate housing accommodation(s) to Residence Life. The OSS does not guarantee housing. All housing decisions are based on availability in housing vacancies. Space is limited and allocated on a first-come, first-served basis. The earlier requests are made, the more options there are to accommodate student needs.

In order to evaluate requests for housing based on disability-related needs accurately and equitably, the OSS requires documentation. This documentation consists of an evaluation by an appropriate professional that relates the current impact of the condition to the request. Medical information is kept confidential and is maintained in the OSS. Documentation must clearly support your housing request. All those providing supporting documentation must complete a Provider Housing Accommodation Documentation Form. This form can be found at: www.ramapo.edu/oss/documentation-requirements/.

Student Information

(Please type or print legibly)

Name: _____

Date of Birth: _____ Student R#: _____

I am a:

Incoming Freshman

Continuing Ramapo student

New Transfer

Cell phone: (____) _____ Ramapo Email address: _____

Section I: Accommodation Information

Please complete **ALL** of the following questions.

1. What is your documented disability?

2. What is your housing accommodation request?

3. What is the semester and duration of your requested housing request (For example, if you need temporary accommodations, please note the terms in which you will need the accommodation).

Semester: _____

Duration:

One semester

One academic year

More than one year

4. Please provide a personal statement describing your condition and why the accommodation(s) is/are necessary.

5. If you are a current student, how does your current housing situation affect your disability? Why is your current situation not satisfactory? Please be specific.

6. What are you specifically requesting?

7. If what you are requesting is not available, what are the alternative accommodations that might meet your needs?

8. What is your level of need for (or consequences of not receiving) the requested accommodation?

9. If what you are requesting is not available at the time of your request, will you be able to live on campus?

Yes

No

I certify that all documentation and statements attached to this request are true and accurate.

Signature

Date

The Provider Housing Accommodation Documentation Form is:

attached.

in- process and I will hand-deliver it.

is being sent via regular mail.

is being sent via fax or as an email attachment.

Methods of return:

1) Complete this fillable form electronically and email by clicking the email button at the top of page 1.

2) Print and scan to oss@ramapo.edu

3) Print and fax to 201-684-7004

4) Print and mail to:

**Office of Specialized Services
Ramapo College of New Jersey
505 Ramapo Valley Rd.
Mahwah, NJ 07430**

DOCUMENTATION RETENTION - All submitted materials will be held in OSS as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational record. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for two years.