Office of Health Services
MacClosky Townhouse Commons
515 Loudon Road
Loudonville, NY 12211
Telephone# 518-783-2554
Fax# 518-783-2961

WITHDRAWAL FROM HOUSING REQUEST DUE TO A MEDICAL REASON

Name	Current Housing Assignment	
Date of Birth	SID #	Cell Phone Number

As outlined in Siena Life and the College Catalog, Siena College has a 4-year residency requirement. Your signature on the Housing License Agreement and/or your acceptance of an assigned space and room key signifies your agreement to and acceptance of all the terms of the Housing License Agreement. The Housing License Agreement requires all full-time students to live in college residence facilities.

If an extraordinary and unforeseen circumstance exists and all avenue of resolution have been exhausted, a student may file a petition for release from the Housing License Agreement. Petitions will only be granted in extraordinary circumstances, as determined at the discretion of the College (e.g., roommate conflicts, finding "preferable" housing off campus, and/or not being assigned to your first-choice accommodation are not valid reasons for release).

CONDITIONS FOR REVIEW: When submitted, your request must include detailed official documentation supporting the claim, which will be reviewed according to the request. Your request will be reviewed *only* if the petition is complete and *all* required documentation is provided with the petition.

- Your completed petition will be reviewed within 10-14 business days of submission.
- Petitions submitted without documentation will be returned without review.

DOCUMENTATION: To be able to provide the most informed response, you are asked to provide a complete set of documents supporting your request. The documentation must validate that:

- The situation has arisen since the submission of your Housing License Agreement.
- The situation is beyond your control.
- You have exhausted all resources to help resolve the situation.
- The only solution to the situation is a release from the residency requirement.

For Physical Health Conditions: This Form is to Be Completed by a Licensed Physician or Medical Specialist

For Mental Health Related Conditions: This form is to Be Completed by a Licensed Psychiatrist, Psychologist, or other Licensed Mental Health Professional

Please respond to the following questions regarding the student named above:

1. Please indicate when you first started seeing the above-named patient for the impairment/condition described in this form:

_____

2. As per the American with Disabilities Act, please indicate whether the student has a physical or mental impairment that substantially limits a major life activity.

    a) What is the physical or mental impairment?

    _____

    b) What major life activity is substantially limited by the impairment?

    _____

    _____

    _____

    c) How is the major life activity substantially limited by the impairment?

    _____

    _____

    _____

3. What is the severity of the condition?

_____

_____

_____

4. How long is this condition likely to persist?

_____

_____

_____

5. Describe the symptoms related to the student's condition, if any, that cause significant impairment in one or more major life activities and which would support the student's request for the withdrawal from housing being requested:

_____

_____

_____

6. Please describe any elements of the student's current treatment plan (including any medications or special diet) that would implicate issues related to the College's residential program:

_____

_____

_____

_____

7. Based on the student's current medical condition, please indicate the specific accommodation(s) you recommend:

_____

_____

_____

8. Please provide comment as to how the accommodations requested will allow the student to participate in the College's residential program, in light of their disability:

_____
_____
_____
_____

9. In your opinion, how important is it for the student's well being to have the accommodation being requested? (1 = not important, 5 = critically important).

_____

10. Please explain the rationale for your response to the previous question:

_____
_____
_____

11. What consequences, in terms of impairment-related symptomology, would in your opinion result if the College does not approve the requested accommodation?

_____
_____
_____

Signature of Provider:_____Date: _____

Address: _____

City:_____State:_____ ***Affix Office Stamp Below***

Telephone #: _____

Fax #: _____

OFFICE USE ONLY

Request Review Date _____ By: _____

Committee Review Date: _____ Decision: Approved _____ Denied _____ Pending _____

Student Notified	Date: _____	By: Portal Message _____
Community Living Notified	Date: _____	By: E-Mail _____
Facilities Notified	Date: _____	By: E-Mail _____