



AIR CONDITIONER REQUEST DUE TO A DISABILITY

Last Name: _____

First Name: _____

Phone Number: _____

Semester Year Requesting Air Conditioning Begin

(academic year and semester, e.g. Fall '22)

___Immediately (student currently living in housing)

___Fall ' ____

___Spring ' ____

This Air Conditioning Request Form is to be thoroughly completed and returned to Student Accessibility & Support Services for review by their office. Incomplete forms will not be reviewed.

The College is required to provide reasonable accommodations for the limitations of qualified students with disabilities.

Students with disabilities who believe they will need reasonable accommodation in the form of an air conditioned room must initiate the request by completing this form. Each request is reviewed on an individualized basis and students are reminded that air conditioners/air conditioning is available as an accommodation only to students who establish a need for an air conditioner due to a physical or mental impairment that substantially limits one or more major life functions.

Students who do not have disabilities but want an air-conditioned room should go through the regular room draw process with Residence Life.

To make this determination, it is important that the medical documentation support the request and is completed before the deadlines outlined below. If the medical documentation lacks sufficient information to determine whether the student has a disability or whether the requested accommodation is necessary, Student Accessibility & Support Services will inform the student in writing of the verification insufficiency and may request additional information, including speaking directly with the treating health professional.

Among other accommodations, many students request air conditioned rooms. Because there are limited residence halls with air conditioning, students are encouraged to submit requests as soon as possible to avoid possible delays.

New Students: If you believe you have such a need, you and your treating professional should submit if for review by June 15th.

Returning Students: This form should be completed and returned by February 15.

This form is to be completed by a Licensed Physician or Medical Specialist:

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.) Please indicate whether the student has a physical or mental impairment that substantially limits a major life activity, and if so, what the condition is, what major life activity is substantially limited by it, and how the major life activity is substantially limited by the impairment:

3.) What accommodation is needed to provide the student an equal opportunity to use and enjoy College housing? Why?

4.) What is the severity of the condition? (i.e. are the symptoms mild, moderate, or severe; how often do the symptoms manifest (continuously, intermittently)?)

5.) How long is this condition likely to persist?

The provider may also send a report that provides additional related information. The provider completing this form cannot be related to the student and must practice in the specialty area related to the condition identified.

Provider Name (Printed)_____

Signature of

provider:_____Date:_____

License #:_____

Address:_____

City:_____State:_____

Telephone #:_____Fax#:_____

The above information can be provided to Student Accessibility & Support Services via:

- Secure fax to 814-281-3049
- Email to jmangine@allegheny.edu
- Send via U.S. mail to:

Allegheny College
Student Accessibility & Support Services, Box #6
Maytum Center for Student Success
520 North Main Street
Meadville, PA 16335