



Request for Information: Housing Accommodations

Section One: To be Completed by the Student

Keystone ID#: _____ Student's Name: _____

Preferred Phone Number: _____

Most Frequent Housing Accommodations:

- Special room request (air-conditioned room, single, closer to classrooms)
- Accessible housing (conveniently located on first floor)
- Emotional Support Animal (ESA)

1. What specific housing accommodation(s) are you requesting within the dorms?

2. Briefly describe your disability and how it is related to the housing accommodation request.

Please sign this form before providing it to your chosen healthcare provider or reliable third party to complete.

By signing below, I consent to allow my health care provider or reliable third party to share any information relevant to my need for housing accommodations, as shown on this form, with the Office of Retention/Student Success at Keystone College.

Student Signature

Date



Section Two: To be Completed by the Health Care Provider

The health care provider or reliable third party does not need to use this specific form, but all the information requested here is necessary for the institution to have to consider the request for housing accommodations; the form is provided as a convenience. Information provided, not using this form, must be submitted on official letterhead.

To properly evaluate how Keystone College can best meet the student's need for **requesting a housing accommodation**, the College requires information from a health care provider or reliable third party who has personal knowledge of the student's disability (as described by the U.S. Department of Housing and Urban Development),¹ including the need for a housing accommodation to address limitations that result from such disability.

Specifically, the information provided on this form will be reviewed to determine whether:

1. The student is a person with a documented disability;
2. The housing requested is necessary to afford the student, as a person with a disability, an equal opportunity to use and enjoy the on-campus housing facilities; and
3. There is an identifiable relationship between the disability and the request (such as the support that the Support Animal provides or the ease the special housing request provides).

We accept documentation from providers in the State of Pennsylvania or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Letters purchased from the internet for a set price rarely provide the information necessary to support a housing accommodation request.

Note for ESA requests: The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.



So that we may better evaluate the request for this accommodation, please answer the following question:

1. What is the student's disability/diagnosis? Please describe any limitations the student has related to the disability and the level of severity.

2. Do you believe that all or some of the requested accommodations (found on page 1) will assist in minimizing or alleviating the limitations related to the student's disability? Please explain.

3. If requesting an ESA – Does the student need the Support Animal or Emotional Support Animal because the animal does work, perform tasks, provides assistance, and or provides therapeutic emotional support related to the student's disability? Please describe why it does or does not.

4. Please provide any additional information that you feel would be helpful for the College to evaluate the students request for a housing accommodation.

Health Care Provider Contact information:

Name: _____

Type of License (If Applicable): _____ License # (If Applicable): _____

Name of Participating Practice: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____



Thank you for taking the time to complete this form. If we need additional information, we may advise the student to contact you.

Please return to the Office of Retention and Student Success at Keystone College.

Address: Keystone College
Attn: Office of Retention and Student Success
One College Green
La Plume, PA 18440

Email: success@keystone.edu

Fax: 570-945-8985

ⁱ Per guidance from the U.S. Department of Housing and Urban Development, personal knowledge in this context includes “the knowledge used to diagnose, advise, counsel, treat, or provide health care or other disability-related services to their patient/client.” available at <https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf>, 16 [hereinafter “HUD Guidance”]