



**Iona College  
Office of Residential Life  
Housing Accommodation Form**

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**Continuing Students**  
2016 – 2017 Academic Year

**Student:** Please complete the demographic information below and then have the health care provider who treats you for your medical or psychological condition complete Part II of the form. (Family members are not acceptable medical providers.) In order to fully evaluate your request, the documentation will be reviewed by the Special Accommodations Evaluation Committee which considers student requests for all special housing accommodations and determines appropriate assignments. The committee is composed of professionals from the Academic Resource Center (Samuel Rudin ARC), the College Assistance Program (CAP), the Health Center, the Counseling Center and the Office of Residential Life. Information submitted for the committee's review will be protected as a confidential file in the Office of Residential Life.

**Health Care Provider:** Special housing is extremely limited. **Only those students with the greatest medical and psychological need(s) will be recommended and granted special housing arrangements.** In order to make this determination, it is important that medical and/or psychological documentation support the request and that all of the questions on the reverse are answered completely.

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Please return form to the Office of Residential Life at Iona College as soon as possible.

Fax to 914-637-7775

Mail to Attn: Special Accommodations Evaluation Committee  
Office of Residential Life – Iona College  
715 North Avenue  
New Rochelle, NY 10801

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***Part 1: To be completed by the student***

Name: \_\_\_\_\_

Semester/Year: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Iona Email: \_\_\_\_\_

Check one of the following:     Current First Year                       Current Sophomore  
    Current Junior                                       Current Senior

