

Medical Accommodation Form

Housing and Real Estate Services at Princeton University is committed to providing housing accommodation to support students with documented disabilities or medical conditions. If you feel you have a disability or condition that warrants accommodation, please complete this form and submit to the Office of Disability Services at 241 Frist Campus Center by February 18th. Along with this form, please include substantiating documentation, such as a letter written by your doctor or care provider. All documentation and information provided on this form is confidential.

Name (Last, First, MI): _____ Year of Study: _____

Current Address: _____

Unit Type (If applicable): _____ E-mail: _____

Please describe your disability or condition

Mobility Restrictions: _____

Special Equipment or Technology: _____

Please specify a room type that would meet your need: _____

Does your current room type meet your need? Yes No

Is your medical documentation attached to this form? Yes No

** All information provided on this form will be kept confidential. However, this information may be shared with the appropriate University personnel in order to facilitate the implementation of housing accommodations for the student on a need-to-know basis only. Specific information may be released to first-aid personnel or Public Safety as a preventative safety measure and in the event of a medical emergency. Also, this information may be used in aggregate form for reporting purposes. Finally, under certain circumstances, the University may be obliged to report this information to government officials investigating Princeton's compliance with regulations protecting people with disabilities.