



Simmons University  
Disability Services  
300 The Fenway, Boston, MA 02115  
p. 617.521.2474 f. 617.521.3079

### Housing Accommodation Medical Release Form

As a Simmons student, you may request housing accommodations if you have a documented disability. Housing accommodation requests are processed and reviewed by the Disability Services Office. A complete request consists of both this form, the documentation of your disability and your personal statement. Only completed requests will be reviewed. Recommendations and/or statements included in the documentation should not be interpreted as automatic approval by Simmons for a housing accommodation.

The Disability Services Office reserves the right to consult with representatives from the following offices on an as needed basis: Counseling Center, Health Center, Office of the Dean for Student Life and the Office of Residence Life. Students are asked to sign the Housing Accommodation Medical Release Form to allow Disability Services to share this documentation with the representatives from the offices listed above. All documentation will remain on file with Disability Services.

By signing the statement below, you agree to the terms expressed within it:

I, \_\_\_\_\_, authorize the Disability Services Office to share information with colleagues from the Counseling Center, Health Center, Office of the Dean for Student Life and the Office of Residence Life regarding my request for a housing accommodation. Communication will be limited to information specifically related to this request on a need to know basis.

I further authorize the following health care provider(s) to communicate and share information directly with the Disability Services Office and above offices regarding my housing accommodation request. Communication will be limited to information specifically related to my request for a housing accommodation.

Name of Health Care Provider: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I understand I may revoke my request for a housing accommodation with the Director of Disability Services. This authorization and request is fully understood and is made voluntarily on my part.

Student Signature \_\_\_\_\_ Date of Release \_\_\_\_\_

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_

Student E-mail Address \_\_\_\_\_