REQUEST FOR SPECIAL CONSIDERATION IN RESIDENCE

CONFIDENTIAL

Please complete this form if you are a student that:

a) Has a disability or illness that requires special accommodations, such as a wheelchair accessible room or other considerations.

OR

b) Has a disability, illness or lifestyle preference that the Residence may need to know about to support your success in Residence.

NOTES AND SPECIAL INSTRUCTIONS

1. Please complete all sections of this form that apply to you.
2. Please print clearly.
3. Sign and date this form and return it as soon as possible via mail or e-mail to the General Manager at the address below.
4. If citing a medical, psychological/emotional or cognitive issue, please ask your care provider (doctor, psychologist) to complete their portions of the form in full.
5. If citing a lifestyle, cultural or religious reason for special consideration, health care provider's information is NOT necessary. We will contact you if we require any other information.
6. We will try our best to satisfy your requests but we cannot make any guarantees.
7. All students completing this form are encouraged to speak with the Disability Services office on campus to ensure that requests for academic accommodation can be addressed.
8. Please attach any additional information that may be needed by the Residence.

Please return the form to one of the following addresses:

Mailing Address
Centennial College Residence
Attention: Sara Young
940 Progress Avenue
Toronto, ON
M1G 3T5

Email
syoung@stayrcc.com

PRIVACY INFORMATION

The collection of this information is authorized by section 2(2) of the Ontario Colleges of Applied Arts and Technology Act. The principle purpose of the collection of this information is to find ways to support the needs of all students in Residence. This form will be used to administer the Residence Application, and the Student Residence Agreement. Questions about this collection may be directed to the Residence Manager, Centennial College Residence, 940 Progress Avenue, Toronto, ON, M1G 3T5, 416-438-2216.

PLEASE COMPLETE INFORMATION FORM ON BACK

REQUEST FOR SPECIAL CONSIDERATION IN RESIDENCE

CONFIDENTIAL

STUDENT INFORMATION

Surname ____________ First Name ____________ Initial ____

REQUEST FOR SPECIAL CONSIDERATION

Please check one or more of the following to describe your request for special consideration in Residence:

- ❑ Attention-deficit disorder
- ❑ Deaf/Hearing loss
- ❑ Medical (temporary)
- ❑ Other (please specify)
- ❑ Mental health condition
- ❑ Physical disabilities
- ❑ Lifestyle, cultural or religious
- ❑ Blind/Partially sighted
- ❑ Medical (permanent)
- ❑ Specific learning disability*

Please specify the special Residence accommodations required.

Please specify why these accommodations are required.

*Students should contact the Disabilities Services office for requests for academic accommodations

HEALTH CARE PROVIDER'S INFORMATION (DOCTOR, PSYCHOLOGIST, ETC.)

Title ____ Name ____ Occupation ____

Street Address ____ Apt/Unit ____

City ____ Province ____ Country ____ Postal Code ____

Phone Number ____ - ____ - ____ - ____ (country code) (area code) Fax Number ____ - ____ - ____ - ____ (country code) (area code)

Email ____

Signature of Health Care Provider ____ Date ____ / ____ / ____ (MM DD YY)

STUDENT CONSENT

I confirm that the information provided in this form is true and accurate. I understand that Residence is an independent living facility and that Residence does not provide one to one support to students. I understand that in order to properly address this request, Residence may, in confidence, share this information and consult with the Disability Services Office, Counselling Office and/or Student Health Services. I understand that the information provided on this form may be released to Emergency Medical Services if an emergency situation arises.

Signature of Applicant ____ Date ____ / ____ / ____ (MM DD YY)