Assistance for Individuals with Disabilities
Qualified individuals are entitled to reasonable accommodations under the Americans with Disabilities Act. Accommodations are determined on a case-by-case basis. All information will be considered confidential and released only to appropriate personnel on a need-to-know basis or as deemed appropriate under State and Federal law. For accommodations to be considered, individuals must initiate a request by submitting this form for specific housing accommodations along with appropriate documentation. Accommodations prescribed apply only to Colby College and may not be valid elsewhere. The individual student takes full responsibility for ongoing assistance.

Student Name _________________________________ email ____________________________

I am requesting the accommodations below for the following academic year/semester: _______

Type of accommodation being requested:
_____Single  _____Access to private bathroom  _____Quiet housing
_____Assistance/ Service animal  _____Substance free housing  _____Off Campus housing
_____ Meal Plan Adjustment  _____Dining Services accommodation. Other:

Before submitting your request, check out our website so that you are familiar with the process related to your request. Be sure to reference Colby Documentation Guidelines to ensure that your documentation contains all necessary information. Documentation lacking necessary details will be returned and may result in delays.

Important Deadlines:

Housing Accommodation requests submitted after the March 1st (Returning Students) and June 1st (Incoming Students) deadlines are subject to availability. Housing accommodations must be reapplied for each year.

Dining Accommodation requests must be submitted thirty days prior to the start of the semester.

Assistance/ Service Animal requests must be submitted by March 1st for the following academic year. Requests not meeting this deadline will be reviewed on a rolling basis thirty days prior to the start of each academic semester.

Signature ________________________________ Date _________________