

**Connecticut College-Student Health Services  
Temporary Medical Need-Accommodation Request**

<b>TO BE COMPLETED BY SHS:</b>			
Student Name:		Class Year	Student ID#
Contact # (cell):		Campus Box:	Date of Birth:
Date of Medical Situation:			
Nature of Medical Situation:			
<b>Accommodation Needed:</b>			
On-Campus	Parking	Class Room	Class Room
Transportation	Handicapped	Academic Dept:	Academic Dept:
	Upper Campus	Class Name:	Class Name:
		Days:	Days:
		Time:	Time:
		Building/Floor:	Building/Floor:
Dates for Accommodation: _____			
<i>I understand the the nature of this medical situation may be shared with Campus Safety, Academic Deans/ Professors and/or Events to facilitate my accommodation.</i>			
Student Signature: _____		Date: _____	
SHS, Clinician Signature _____		Date _____	
<b>FOR PARKING/TRANSPORTATION: Fax to Campus Safety x2872</b>			

<b>TO BE COMPLETED BY ACADEMIC DEPARTMENT STAFF: Fax to: Department _____</b>						
Class Name:		Class Number:		Current Location:		
Professor:						
Days of Week Class Meets:		MON	TUES	WED	THURS	FRI
Hours Class Meets:						
Number of Students in Class:				Smart Class Room Required:		Yes    No
Class Name:		Class Number:		Current Location:		
Professor:						
Days of Week Class Meets:		MON	TUES	WED	THURS	FRI
Hours Class Meets:						
Number of Students in Class:				Smart Class Room Required:		Yes    No
Academic Staff Signature:					Date	
<b>For Class Room Accommodation: Fax to Events: x2677 - Call: 860-439-5356 - Email: events@conncoll.edu</b>						

<b>Room Change Information (provided by Events):</b>			
Location:	Building _____	Room _____	Floor _____
Students Notified:	Yes    No	Notified by: _____	