



**ELIZABETHTOWN COLLEGE**  
**Disability Services**

*HOUSING ACCOMMODATIONS REQUEST FORM*

Deadline: **March 9, 2015** for Returning Students  
**July 1, 2015** for First-Year & Transfer Students

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
First Middle Last

Class: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Campus Box: \_\_\_\_\_ Home Address: \_\_\_\_\_  
If applicable Address, City, State, Zip

Semester(s)/Year Residential Accommodation Requested (check both semesters if applicable) \_\_\_ Fall \_\_\_ Spring  
\_\_\_\_ Year

**Please specify your disability and describe how it impacts you in a residential setting:**

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**Please list the specific housing accommodations (strobe, shower grab bar, first floor room, single room, low ratio bathroom, etc.) you are requesting and describe how the accommodations will provide greater access to campus housing:**

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You may submit existing documentation from your treating healthcare professional. Under ADAA, colleges may require additional external sources of information to further understand the functional limitations of the condition and help make informed decisions about reasonable accommodations.

All requested documentation must be received by Disability Services before requests will be considered.

\_\_\_\_\_  
Student Signature  
(To be signed by parent if student is under age 18)

\_\_\_\_\_  
Date

Return to: Director Disability Services  
Elizabethtown College  
One Alpha Drive  
Elizabethtown, PA 17022