ELIZABETHTOWN COLLEGE

Disability Services

HOUSING ACCOMMODATIONS REQUEST FORM

Deadline: **March 11, 2013** for Returning Students
July 1, 2013 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:

_____

_____

_____

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:

_____

_____

_____

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. *While disability related documentation is confidential, certain information will be shared with Residence Life staff in order to coordinate modifications. Your signature below will serve as consent for this communication.*

_____ _____
Student Signature Date
(To be signed by parent if student is under age 18)

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