Housing Accommodation Student Request Form
Deadlines: **March 1, 2017** for current Students
July 1, 2017 for new students
Return to Disability Services, BSC 228

Today's Date: _____

Student Name: _____ ID #:_____
First Middle Last

Home phone: _____ Cell Phone: _____

Home Address:_____
Address, City, State, Zip

Semester(s)/Year Residential Accommodation Requested ____Immediately ___Fall ___Spring ___ Summer

I am requesting: _____strobe _____ shower grab bar _____first floor room _____single room
_____ low ratio bathroom ____ Wheelchair accessible room _____ year round air conditioning
_____ no carpeting _____ other – please indicate in comments section:

Comments: _____
_____
_____

Please specify your disability and describe how the accommodations you are requesting will impact your current symptoms:
_____
_____
_____

How do you anticipate managing your symptoms in other campus settings (classroom, library, dining hall, etc.)?
_____
_____
_____

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

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