



Housing Accommodation Student Request Form

Deadlines: **February 8** for current Students

June 1 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
(To be signed by parent if student is under age 18)

Date