



Housing Accommodation Student Request Form

Deadline: **February 3** for current students, **June 1** for new students

Please Return to Disability Services BSC 228

Name: _____ ID # _____ Today's Date: _____

Home phone #: _____ Cell phone #: _____

Semester(s)/Year Accommodation Requested: _____ Immediately _____ Fall _____ Spring _____ Summer

I am requesting: _____ strobe _____ shower grab bar _____ first floor room _____ single room

_____ low person/bathroom ratio _____ Wheelchair accessible room _____ year round air conditioning

_____ no carpeting _____ assistance animal _____ other – (please provide your comments below):

Comments: _____

Please indicate your top three preferred campus residential locations (we cannot guarantee a particular location but

We will try to honor your choices) 1. _____ 2. _____ 3. _____

Please specify your disability and describe how the accommodations you are requesting will affect 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 if you have not previously done so. Under ADA, 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