

Student Housing Accommodation Form

To be completed by student

Please send to The Office of Student Accessibility Services

Student Name: _____ Date: _____

Student ID (If applicable) _____ Email: _____

Home Address: _____

Local/Cell Phone: _____ Home Phone: _____

Please check the following:

Incoming Freshman ___ Transfer Student _____ Returning Student _____

Semester for which you are requesting accommodations (please note that students must apply each year for housing accommodations and the University reserves the right to request updated documentation as necessary) Fall _____ Spring _____ Academic Year _____

1. Please describe the condition for which accommodations are being requested.

2. Please provide a description of the requested accommodation(s).

3. Please describe your functional limitations, with respect to housing in higher education.

The student agrees that information provided in relation to this request may be reviewed as necessary by appropriate University staff to determine eligibility for accommodations.

Student Signature: _____ **Date:** _____