Western Carolina University
REQUEST FOR HOUSING ACCOMMODATION
Department of Residential Living

Students requesting housing accommodations due to a disability must submit this form (completed & signed) and current documentation of a physical or mental impairment that substantially limits one or more major life activities. Documentation must be prepared by a qualified professional on official letterhead. Handwritten notes are not acceptable. It is the student’s responsibility to provide documentation. Documentation must be submitted with this form to: Residential Living, 417 Central Drive, Brown 225, Cullowhee, NC 28723; FAX: (828) 227-7304. Housing accommodations are determined on a case-by case basis and must be requested annually. Students requesting housing accommodations will be notified of the decision in writing. Decisions can not be given over the phone or to third parties. Forms should be submitted no later than December 1 for Spring housing, and June 1 for Fall housing.

TO BE COMPLETED BY STUDENT

REQUEST FOR: ______FALL(year) ______SPRING(year)

NAME: ___________________________ STUDENT ID #: ___________________________

PERMANENT ADDRESS: ____________________________________________________________

LOCAL ADDRESS: _______________________________________________________________

HOME PHONE: ________________________ CELL PHONE: ______________________________

PLEASE INDICATE YOUR REQUEST (Each request must be justified by disability documentation):

____ First Floor Room

____ Air-conditioned Room

____ Wheelchair Accessible Room*

___ Private Room

____ Room Equipped for Hearing-Impairment

____ I will be bringing a Assistance Animal (please specify: _____________________________)

(If you are requesting to bring an Emotional Support Animal, please contact our office for an additional form.)

____ I employ a Personal Care Attendant

____ I will need to bring my own furniture/equipment (please specify: _____________________________)

* All students who use wheelchair will receive first floor assignments (when available) to ensure safety.

NOTE: Students who might require assistance during evacuations are encouraged to contact Disability Services.

Student Signature: ___________________________ Date: ___________________________

FOR OFFICE USE ONLY

Approved for: ___________________________

Assignment: ___________________________ Letter Sent ______/____/____

Building/Rm # ____________________________

Notes: ___________________________________________

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Revised 02/2017