STUDENT REQUEST FOR HOUSING ACCOMMODATION FORM

Students requesting housing accommodations due to a disability must submit this form and their documentation of a disability to the Department of Residential Living address or the FAX number as provided above. It is the student’s responsibility to provide their documentation in accordance with the Documentation Guidelines which can be accessed on the Department of Residential Living and Office of Accessibility websites. The Federal Housing Act (FHA) applies to the unique context of housing, which defines disability as a physical or mental impairment that substantially limits one or more major life activities. 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 by the Department of Residential Living. Decisions cannot be given over the phone or to third parties.

This form should be completed by the student requesting the accommodation and submitted per the dates indicated below.

This request is for: Year ____________  □ Fall (due 6/1)  □ Spring (Due 12/1)  □ Summer (due 4/1)

Name: ___________________________________________  ID#: 920 ______________________

Student Cell Phone: ________________________________

PLEASE INDICATE YOUR REQUEST (Each request must be justified by disability documentation):
□ First Floor Room
□ Air-conditioned Room
□ Wheelchair Accessible Room (*All students who use wheelchair will receive first floor assignments when available).
□ Private Room
□ Room Equipped for Hearing-Impairment
□ I employ a Personal Care Assistant
□ Assistance Animal
  □ Service Animal (dog or miniature horse)
  □ Emotional Support Animal (if checked, additional information will be provided to the student by the Office of Residential Living)
□ I will need to bring my own furniture/equipment (please specify: __________________________________________)
□ Other: (please specify: __________________________________________)

Student Signature: ___________________________________________  Date: ____________

FOR OFFICE USE ONLY

Approved for: ___________________________________________

Assignment/Building/Rm #: _______________________________  Letter Sent / / 

Notes: ____________________________________________________________________________

Revised 5/6/2019