



Housing Accommodations Request Form (To be completed by student.)

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|---|---|-------------|
| Student Name | Student DOB | Student ID# |
| Campus Address and Phone Number | Email Address | |
| Permanent Address | Emergency Contact Information | |
| Treating Medical Doctor (who will be providing medical documentation of disability) | Medical Doctor Address and Phone Number | |

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| <p>Please describe the housing accommodations that you are requesting?</p> <p>If the particular request is not available, what alternatives may also be considered?</p> |
| <p>Please explain the need for these accommodations based on your diagnosed disability (e.g., Is the condition life-threatening? What steps have been taken to mitigate symptoms?) :</p> |
| <p>If you have lived in or currently reside in campus housing, please provide the location(s) and dates:</p> |

Student Signature: _____ Date: _____