



**DISABILITY SUPPORT SERVICES
REQUEST FOR HOUSING ACCOMMODATIONS**

Students requesting housing accommodations must first complete the DSS Verification Form for Housing Accommodations before housing accommodation requests will be reviewed by DSS. Students must also complete the required intake forms with DSS. Submitting all required forms to DSS does not guarantee that housing accommodations being requested will be granted. All requests for housing accommodations should be completed as early as possible due to limited availability of student housing and ADA compliant rooms. Per this, DSS strongly encourages students to complete all required forms to request housing accommodations at least 60 days prior to anticipated/expected move in date.

*This form is used only to request housing accommodations. If you require classroom accommodations due to a disability, you must contact a DSS Coordinator directly to complete the required process and submit required documentation for classroom accommodations.

Student Name: _____
(Last) (First) (Middle)

Student ID: _____ Email Address: _____

Birth Date: _____ Gender: Male Female

Home Address: _____

Home/Cell Phone: _____

I am requesting an accommodation for the following term: Fall 20__ Spring 20__ Summer 20__

Residence Type: Residence Hall _____

Will You Require This Accommodation During Summer Orientation? (circle one) Yes No

Accommodation Being Requested: _____

*If the accommodation is for someone other than the enrolled student, please explain: _____

By my signature I affirm that all personal statements and documents that I am submitting in support of my application are true and correct. I understand that falsifying or misrepresenting facts or information may result in disciplinary action. I authorize Disability Support Services staff to release disability related information to the Office of Housing Services as it relates to my request for housing accommodations.

Student Signature: _____ Date: _____

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|---|-----------------------------|
| For Office Use Only | |
| Housing Accommodation Recommended By DSS: _____ | Date Sent to Housing: _____ |
| _____ | |
| _____ | |
| DSS Staff Signature: _____ | |