

# Student Accessible Housing Request Form

Please print and complete this form to request accessible housing accommodations. Submit the completed form along with supporting medical documentation to the Accessibility Services Office.

## 1. Student Information

Full Name:

Student ID Number:  Date of Birth:

Email Address:  Phone Number:

Enrollment Status (e.g., Incoming Freshman, Continuing, Graduate):

## 2. Description of Disability & Housing Needs

Please state the diagnosis or nature of your disability:

Explain how this disability impacts your daily living in a residence hall:

Specific physical or environmental housing accommodation requested (e.g., wheelchair access, roll-in shower, strobe alarm, visual doorbell, first-floor room, single occupancy):

## 3. Certifying Licensed Professional Information

*This section must be completed by the licensed clinician, physician, or specialist documenting the accommodation need.*

Provider Name:  Title/Credentials:

Office / Medical Facility:

License Number:  State of Licensure:

Provider Phone Number:  Provider Email:

## 4. Signatures for Verification

By signing below, the student authorizes the Accessibility Services Office to contact the clinician listed above to clarify or verify the information provided.

Student Signature (Sign upon printing):  Date:

Medical Provider Signature (Sign upon printing):  Date: