

Student Request for Special Housing Accommodation

Residence Life Office, ASU Disability Student

Student: _____ Gender: _____ Male _____ Female
Address: _____ City: _____ State: _____
Zip: _____ Phone: _____ Email: _____
Grade Level: _____ First year _____ Sophomore _____ Junior _____ Senior _____ Other

1. What type of accommodation are you requesting (building style, single room, private bath ?

2. What is the reason for your request? Please explain in detail (attach a separate sheet if necessary)

3. Is this request based on a serious impairment, medical or physical condition? No Yes
If yes, please answer (a) and (b):

(a) What is your condition? _____

(b) How long have you had this condition? _____

4. What specific features of accommodation are required to meet your need(s)?

I understand that I need to release information from my mental or health care provider due to special needs.

Student signature: _____ Date: _____

If additional information is required, please complete:

Name of provider: _____ Title: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Email: _____

May we contact you directly if any additional information is required? ____ Yes ____ No

Student - signature

Date

Residential Life Director - signature

Date

ADA Coordinator – signature

Date

Approved

Date

Not Approved

Date