

For Office Use Only

Category: AUT LD PSY MOB VI HI CI ADHD SD
 TBI ADDICT VET OTHER
Priority: 1st Priority 2nd Priority

Housing Accommodations Request Form

Student Name _____ **ID#** _____

Street Address _____ **Town** _____ **State** ___ **Zip** _____

Email _____ **Phone** _____

Room Accommodations

_____ Single Room w/private bath _____ Share room w/veteran
_____ Single Room w/shared bath _____ Share room with addict in recovery
_____ Needs Roommate (1st choice granted) _____ Quiet Floor

Roommate Requested: _____

In addition, I am also requesting the following accommodations:

- | | |
|---|--|
| <input type="checkbox"/> Bed Shaker | <input type="checkbox"/> Braille Signage |
| <input type="checkbox"/> Emergency Strobe | <input type="checkbox"/> Flashing doorbell |
| <input type="checkbox"/> Wheelchair accessibility | <input type="checkbox"/> Braille for appliances |
| <input type="checkbox"/> Personal Cooking Facilities | |
| <input type="checkbox"/> Other _____ | |

AUTHORIZATION TO VERBALLY DISCLOSE DISABILITY INFORMATION

I voluntarily authorize verbal disclosure of my disability to the WCSU Housing Accommodations Committee for the sole purpose of determining eligibility for housing accommodations.

Student Signature _____ **Date** _____

Department Authorization _____ **Date** _____

Department (check one) **AccessAbility Services** **Health Services** **Counseling Center**