



# WESTERN CONNECTICUT STATE UNIVERSITY

## AccessAbility Services Housing Accommodation Request Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ WCSU ID: \_\_\_\_\_

Cell #:(\_\_\_\_\_) \_\_\_\_\_

WCSU Email: \_\_\_\_\_@connect.wcsu.edu

Gender: \_\_\_\_\_

### Please select the accommodation(s) are you requesting:

- Single room
- Single room within suite
- Access to private toilet
- Other: \_\_\_\_\_

### In addition, I am also requesting the following accommodations:

- Bed Shaker
- Emergency Strobe
- Flashing Doorbell
- Braille Signage
- Braille for appliance
- Wheelchair Accessible
- Other: \_\_\_\_\_

### AUTHORIZATION TO DISCLOSE DISABILITY INFORMATION

*I voluntarily authorize verbal disclosure of my disability to the WCSU Housing Accommodations Review Committee for the sole purpose of determining eligibility for housing accommodations. I understand that these authorizations may be withdrawn at any time by me through a written, signed and dated request. If submitting the form via email, my typed name below will act as my signed authorization.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please Note:** The Housing Accommodation Request Form and appropriate medical documentation must be submitted to AccessAbility Services (White Hall 005). This form can be printed by pressing the Print Form button to the right or by selecting the Submit button at the top right to send the form via your personal email account. Please print a copy for your files. For additional information about housing accommodations, please contact Elisabeth Morel, AccessAbility Services Director at [morele@wcsu.edu](mailto:morele@wcsu.edu) or (203) 837-8225.

### AAS Use ONLY:

AAS Request Outcome:

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Staff (initials): \_\_\_\_\_

Date: \_\_\_\_\_

Student Notified(Date): \_\_\_\_\_