



AccessAbility Services
Housing Accommodation Request Form

Name: _____

Date: _____

Date of Birth: _____ WCSU ID: _____

Cell #: _____

WCSU Email: _____@.wcsu.edu

Pronouns: _____

Please select the accommodation(s) are you requesting:

Single room

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 disclosure of my disability documentation 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 I understand that these authorizations may be withdrawn at any time by me through a written, signed and dated request.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, Suite 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 WCSU 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 or (203) 837-8225.

AAS Use ONLY:

AAS Request Outcome:

Approved: _____

Denied: _____

Staff (initials): _____

Date: _____

Student Notified(Date): _____