

FORM TO REQUEST A REASONABLE ACCOMMODATION IN UNIVERSITY HOUSING

If you, a member of your household, or someone associated with you has a disability and believes that you or he/she needs a reasonable accommodation to have equal opportunity to use and enjoy University housing, please complete this form, and return it to the Student Access Center.

You must complete all of the information on the form. If you require assistance in completing this form, contact the Student Access Center for assistance.

CONTACT INFORMATION

NAME

FIRST: _____ MIDDLE: _____

LAST: _____

DATE: _____ EMAIL: _____ WILDCAT _____

ADDRESS: _____ PHONE #: _____

CITY: _____ STATE: _____ ZIP CODE: _____

ACADEMIC STATUS☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Academic Year/Requesting Accommodation (e.g., 2016-2017): _____

REQUESTOR INFORMATION

The student who has a disability requiring a reasonable accommodation is:

☐ Me ☐ A person associated or living with me

Name of person with disability: _____

THE ACCOMMODATION

I am requesting the following change in a rule, policy, practice, or service so that a person with a disability can have an equal opportunity to use and enjoy the premises:

The person in need of the accommodation has the following disability:

The accommodation is necessary because:

If the person's disability and need for the accommodation is obvious, the Student Access Center will make the determination as to whether the request is reasonable and notify you whether the accommodation has been granted or denied within fourteen (14) business days from the date that you submit this form. If the person's disability and/or need for the requested accommodation is not obvious, the Student Access Center will contact you and provide you with a form to verify the disability and/or the need for the requested accommodation. The Student Access Center will explain who may supply the verification and how to complete the form. The Student Access Center will then notify you whether the accommodation has been granted or denied within fourteen business (14) days from the date the Verification Form is submitted to it.

Signature of Person Making Request:

Date:

To be completed by the Student Access Center

Accepted by:

Date:

Signature:
