REQUEST FOR RESIDENCE HALL ACCOMMODATION

Kansas State University is committed to the full participation of students with disabilities in all aspects of University life, including residential life. Students requesting accommodations in housing are asked to send this completed form and any necessary medical or disability information to the Student Access Center. This information will assist us in understanding how your accommodations are related to your disability.

CONTACT INFORMATION

FIRST: __________________________ MIDDLE: __________________________ LAST: __________________________
DATE: ___________ EMAIL: __________________________ WILDCAT ID: __________________________
ADDRESS: ___________________________________ PHONE #: __________________________
CITY: __________________________ STATE: ___________ ZIP CODE: __________________________

ACADEMIC STATUS

☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  ☐ Graduate

Academic Year/Requesting Accommodation (e.g. 2013-2014): __________________________

ACADEMIC STATUS

☐ Single Room  ☐ Wheelchair Accessible Room  ☐ Roll in Shower  ☐ Elevator
☐ Private Bathroom  ☐ Ground Floor Assignment  ☐ Services or Therapy Animal

Other: _____________________________________________________________

______________________________________________________________

We will want to understand how your accommodations are related to your disability and in some instances, may ask you to submit specific medical or disability information. Please describe your disability and your need for each of the accommodations that you are requesting:

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________