



HOUSING ACCOMMODATION FORM

Note: Housing Accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. To qualify, the student must have a current condition that substantially limits a major life activity, and the accommodation request must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify for accommodations.

Student Section (Please print or type)

Housing Application Academic Year _____ Date _____

Student ID _____ Date of Birth _____ Sex Male Female

Student Name
Last _____ First _____ Middle _____

Student Type New Freshman Returning Transfer

Current Campus Address (if applicable) _____

Home Address – Street _____

City _____ State _____ Zip _____

Phone Number _____ Email Address _____

Accommodation Requested

Authorization to Receive Information

I authorize Lander University Office of Disability Services, to receive information and to discuss my condition(s) with the Housing Office if necessary.

Student Signature _____ Date _____

**Students must submit this form and sufficient supporting medical documentation by March 1 for Fall and October 1 for Spring.