



## REQUEST FOR HOUSING ACCOMMODATION FORM

Students must submit this form and sufficient supporting medical documentation by **March 1**

Today's Date: \_\_\_\_\_

Academic Year/ Semester when Accommodation(s) is Requested: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Local Phone/ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nature of your disability:

\_\_\_\_\_  
\_\_\_\_\_

Housing Accommodation(s) being requested at Lander University (if a specific dormitory, floor, and/or room is required, please identify and explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you registered with a rehabilitation agency: Y \_\_\_ N \_\_\_

Name of Agency: \_\_\_\_\_

Name of Counselor: \_\_\_\_\_

Have you registered with the University Office of Student Disability Services? Y \_\_\_ N \_\_\_

*(Please note: registration with the Lander University Office of Student Disability Services may provide you with additional academic accommodations.)*

**IF YOU HAVE ANY QUESTIONS ABOUT THIS FORM OR YOUR REQUEST, PLEASE CONTACT THE DEPARTMENT OF HOUSING AND RESIDENCE LIFE (864.388.8266) OR THE OFFICE OF STUDENT DISABILITY SERVICES (864.388.8814)**