Housing Accommodation Request Form

Student Contact Information

Student Name: _____

Permanent Address: _____

_____

Phone: _____

Email: _____

Professional Providing Documentation

Name: _____

Address: _____

_____

Phone: _____

Permission to contact this individual ☐ Yes ☐ No

1. **Please explain in detail the nature of your disability and how it applies to your housing request?**

2. **What specific housing configuration are you requesting (private room, private bath, first floor, waiver of meal plan, etc)?**

3. **If this accommodation cannot be provided, what alternative arrangements might be able to meet your needs?**

_____ _____

Student Signature Date

Please return this form and appropriate documentation to support your request to:

Office of Disability Services

815 W. Market Street

Greensboro, NC 27401