

Special Accommodations Living Form

Please fill out Student's Information, Sign, and Return to the appropriate office for completion.

(Office of Financial Aid and Affordability, Perrella Wellness Center, or Office of Disability Services)

Student Information

Student Name: _____ Date: _____

Requested Living Space:

On-campus single room _____ Off-campus apartment _____

Description of Special Need:

My signature below denotes my permission for the above information to be shared with the Special Accommodations Committee.

Student Signature

Date

.....
For office use only

Supported: _____

Not Supported: _____

Rationale:

Staff Signature

Date