



# Housing Accommodation Request

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone: \_\_\_\_\_  Home  Cell  Other

Male  Female

Current E-Mail Address: \_\_\_\_\_@cardinalmail.cua.edu  
Please note correspondence regarding this request will be sent to your CUA e-mail address.

I am a:

FR  SO  JR  SR  Grad

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

Home

Campus

All information shared on this form will remain confidential. Information related to a disability may be disclosed only with the permission of the student or as permitted by the university's student records policy and federal law. Housing Services will consult with Disability Support Services, Counseling Center, and/or Student Health Services while reviewing Accommodation Requests. Therefore, you must register with DSS, CC, and/or SHS in addition to this request.

Please select your disability as described on the right.

- Mobility
- Sight
- Hearing
- Other

Do you have documentation on file with the appropriate office for the requested accommodation? If no, please contact DSS, CC, and/or SHS to submit the appropriate documentation.

- Yes
- No

In your own words, please describe the type of accommodation requested and how your disability impacts your daily life:

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How do you cope with the limitations of your disability:

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### ADDITIONAL INFORMATION

Do you use a wheelchair?  Yes  No

Can you walk long distances?  Yes  No

Can you walk up and down stairs?  Yes  No

Can you safely cross a busy street without assistance?  Yes  No

I certify that all information on this sheet is true to the best of my knowledge. I understand that by submitting this form I am requesting an accommodation, and the accommodation is not guaranteed. Accommodations are made on a needs-based and space-available basis.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian/Guarantor

Signature (if student is under 18): \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only—Please Do Not Write Below This Line

HS Verification:

Is student required to live on-campus?  Yes  No

Accommodation	Building	Room	Room Type	Date	Student Notified	HS Initials