

HOUSING ACCOMMODATION REQUEST FORM

(Student)

To be completed by the requesting student

This form is to request housing accommodations for students with a **documented disability**. This form, along with your typed responses to the information requested in section B below, must be submitted to:

Heather Fowler, Director
The Office of Accessibility Resources
212 Carnegie Building, Lewisburg, PA 17837
Or fax to: 570-577-1826

For questions, contact 570-577-1188 or hf007@bucknell.edu

SECTION A – STUDENT INFORMATION

Last Name _____ First Name _____ MI _____

Student ID # _____ Class Year _____

Home Telephone # _____ Cell Phone # _____

Home Mailing Address _____

Campus Address _____ BU Email: _____@bucknell.edu
(if incoming student, leave blank) (if unsure, leave blank)

SECTION B – CONDITION AND HOUSING ASSIGNMENT REQUESTED

Please provide responses to the following information request regarding your **disability** and attach statements to this form:

1. Please specify the **disability** requiring housing accommodations, how it substantially limits a major life activity, what that activity is, and whether the requested housing accommodation is temporary or permanent.
2. Please describe your housing request(s) (i.e., no stairs, a room with kitchen access, etc.).
3. Please provide a thorough explanation of how the request (#2) relates to the need (#1).

I certify that the documentation and statements attached to this request are true and accurate. I agree that OAR may share this information, as well as that provided by my health care provider, with the necessary University personnel in making a determination regarding my request and implementing an approved accommodation.

Student's Signature _____ Date _____