

HOUSING ACCOMMODATIONS REQUEST FORM To be completed by student, please print or type

Last Name:				F	First Name:		MI:		
Preferred N	Name/N	Nickna	ame:						
Panther ID:					Birth Date				
GSU E-mail:				Alternate E-mail:					
Cell: ()					Local Phone: ()		
Year: FR	SO	JR	SR	Grad	PhD	Major			
Are you currently enrolled? Y N If no, anticipated start date:									
Are you a transient student? Y					N	Are you a	Are you a transfer student? Y N		
Perm Addr	ess:								
				(St	reet A	address or P.O Box	κ)		
(City)				(State)			(Zip Code)		
Have you s	submitt	ed yo	ur app	olicatio	n for l	Jniversity Housing	: Yes	No _	
Date you applied for housing:						Date admitted to GSU:			
This request is for housing assignments t					ents t	hat begin: Fall	Spring	Summer	. , 20
Expected Duration of Accommodation: Permanent Chronic/recurring									

Temporary - date condition started:	ended							
Disability/Diagnosis that is basis for this request								
Describe the impact of the disability on your functioning in	a residence hall setting:							
Please state the specific accommodations you are request	ing:							
Please specify any assistive technology equipment or devito bring into the residence hall.	ces you are requesting							
Additional comments:								
I understand that my request for housing accommodations required documentation is received by the Office of Disabil criteria can be found at http://disability.gsu.edu . In general, • Written by someone with credentials/expertise in recommendations. • A clear explanation of how the accommodations	ity Services. Detailed eligibility documentation must be: a relevant area to make							
By signing this form, I give permission for the Office of Disa information with University Housing in order to facilitate my	•							
Student Signature:	Date:							