



ACCESSIBILITY &  
DISABILITY SERVICES

### Housing Accommodations Request Form

To be completed by student. (Please print)

<b>Name:</b>		<b>Phone:</b>	
<b>Campus Box#:</b>		<b>Semester and/or year to which request applies:</b>	
<b>Residence Hall:</b>			
<b>Home Address:</b>			
<b>Home Phone:</b>		<b>Home Email:</b>	
<b>D.O.B.</b>	<b>Student Status:</b>	<b>New</b>	<b>Transfer</b>
		<b>Returning</b>	

Please list specific housing accommodation(s) and explain need based upon documented disability, condition, or need.

**Request(s)**

**Justification\***

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18, or student has a Power of Attorney on file).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*The office of Accessibility and disability Services reviews requests to ensure that the claimed disability is a “substantially limiting condition” as defined by the Americans with Disabilities Act (ADA).**



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**Permission for Release of Information**

I give permission for the exchange of any medical, educational, or psychiatric information between the following Departments at Methodist University.

Office of Accessibility and Disability Services

Student Health Services

Counseling and Psychological Services Center

Housing and Residence Life

Dean of Students

Other \_\_\_\_\_

**To be completed by student. (Please Print)**

<b>Name/Title of Diagnosing Professional:</b>
<b>Address:</b>
<b>Phone:</b>
<b>Fax:</b>

**To be completed by student. (Please Print)**

<b>Student's full name:</b>
<b>Home Address:</b>
<b>Phone:</b>
<b>Email:</b> _____
<b>Student ID #:</b>

**(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18, or student has a Power of Attorney on file).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_