



**Housing Accommodation Request Form**  
**(To be completed by student, please print or type)**

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

**Academic Term:** Fall Spring Summer      **Academic Year:** \_\_\_\_\_

**Date you applied for housing:** \_\_\_\_\_

**Date admitted to Emory:** \_\_\_\_\_

**Expected Duration of Accommodation:** Permanent Chronic/recurring

Temporary – date condition started: \_\_\_\_\_

**Projected end date:** \_\_\_\_\_

**Disability/Diagnosis that is the 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 requesting:**

\_\_\_\_\_  
 \_\_\_\_\_

**Please specify any assistive technology equipment or devices you are requesting to bring into the residence hall, if applicable:**

\_\_\_\_\_  
 \_\_\_\_\_

**Additional comments:**

\_\_\_\_\_  
 \_\_\_\_\_

**I understand that my request for housing accommodations cannot be addressed until all required documentation is received by the Office of Accessibility Services.**

**In general, documentation must be:**

- **Written by someone with credentials/expertise in a relevant area to make recommendations;**
- **A clear explanation of how accommodations are related to the disability.**

**By submitting this form, I give permission for The Office of Accessibility Services to share pertinent information with Emory's Department of Housing in order to facilitate my request for accommodations.**

**Student Signature: \_\_\_\_\_**

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