Housing Accommodations Request Form

To be completed by student. Please print.

Name: _________________________________  Student ID: __________________________

Address:

Semester and full academic year to which this request applies: __________________________

Accommodation requests must be made each academic year. Requests for housing accommodations must be submitted by:
March 10 for the fall semester for returning students
April 15 for the fall semester for incoming students
November 15th for the spring semester.
Requests for accommodations received after the deadline will be considered based on availability.

Home Address:

Home Phone:  Home Email:

Date of Birth:

Are you a new, transfer, or returning student? (Circle one.)

Please list specific housing accommodation(s) and explain need based on documented disability.

Request(s)


Justification *

Signature:  Date:
Note – Applications are reviewed to ensure that the claimed disability meets the definition set by the Americans with Disabilities Act.

Permission for Release of Information

I give permission for the exchange of any medical, educational or psychiatric information between the following departments of the College of Charleston:

- Center for Disability Services
- Campus Housing
- Residence Life

I understand that information regarding any approved accommodations may also be shared with:

- Public Safety
- Physical Plant
- My suitemates / roommates

To be completed by Student. (Please print)

Name of Diagnosing Professional:

Title of Diagnosing Professional:

Address:

Phone: Fax:

To be completed by student. (Please print)

Student’s Full Name: Student ID:

Home Address:

Phone:

Email:

Signature: ____________________________ Date: ______________________

Return to:  Center for Disability Services
College of Charleston
Office location: Lightsey Center, Suite 104
Mailing Address: 66 George Street
Charleston, South Carolina 29424
Voice: 843.953.1431
Fax: 843.953.7731