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) requested:

Based on a documented disability, why is this accommodation needed?

Signature:      Date:

Note – Housing accommodation requests are reviewed and processed in accordance with applicable law and College policy.
**For those students with a documented disability who have been approved for a single room as an accommodation, the single room housing rates will be set at the double room rate in the assigned residence hall.**

**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

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

- Residence Life
- Public Safety
- Physical Plant
- My current or potential suitemates / roommates

**To be completed by Student. (Please print)**

Name and Title of Health Care Provider:  
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