Housing Accommodations Request Form

To be completed by student. Please print.

Name: _________________________________  Student ID:

Address:

Semester and/or year to which this request applies:

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, sociological, or psychiatric information between the following Departments of the College of Charleston:

Center for Disability Services
Student Health Services
Residence Life and Housing

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
Email: SNAP@cofc.edu