

### 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