

Temporary - date condition started: _____ ended

Disability/Diagnosis that is 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.

Additional comments:

I understand that my request for housing accommodations cannot be addressed until all required documentation is received by the Office of Disability Services. Detailed eligibility criteria can be found at <http://disability.gsu.edu>. In general, documentation must be:

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

By signing this form, I give permission for the Office of Disability Services to share pertinent information with University Housing in order to facilitate my request for accommodations.

Student Signature: _____

Date: _____