



Student Disability Services

Housing Accommodation Application

New Renewal

Page 1.

I. TO BE FILLED OUT BY STUDENT

Last Name: _____ First Name: _____

Student ID Number: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Campus Address (if applicable) _____

Disability: _____

Requested accommodation(s): _____

Reason for housing accommodation need; _____

***Please note that student housing is limited and not guaranteed. A housing accommodation does not guarantee a housing assignment.**

***All information will remain confidential in Student Disability Services files.**

<u>Office Use Only</u>				
Consultation with: _____				
Approved:	Date:	Disapproved:	Date:	Deferred
for further documentation:	Date:			
Comments: _____				
Disability Services Provider: _____				

Professional certification (page 2) required before requests will be considered.



Student Success Services

Student Disability Services

Page 2.

II. TO BE FILLED OUT BY THE CERTIFYING PROFESSIONAL

Name (please print or type): _____

Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____

License number and state of licenser: _____

Name of student: _____

Diagnosis: _____

Date of diagnosis: _____

Date of initial contact with student: _____ Date of last contact with student: _____

Do you support the student's request for housing accommodations?

Yes

No

Rationale _____

Please describe any risks to the student or others of the requested accommodation:

Are there other ways to meet the student's needs that allow full participation in the residential/roommate experience? _____

Other information pertinent to this request: _____

Signature of certifying professional: _____ **Date** _____

Return to: KSU Student Disability Services by Fax: 470-578-9111 or Email: sds@kennesaw.edu.