UNIVERSITY HOUSING ACCOMMODATION REQUEST FORM

STUDENT (Please print): _______________________________________________________________
CAL U ID#: ________ - ________ - ________  LOCAL PHONE #: (         ) ______ - ___________

ENROLLMENT STATUS

[ ] I am a currently enrolled Cal U student
[ ] I will be a new Cal U student: Fall 20___  Spring 20___  Summer 20 ___

DISABILITY ACCESS ACCOMMODATION REQUEST(S)
(Choose only ONE location below)

ON CAMPUS/THE SUITE LIFE

[ ] Fall and Spring  20___ to  20___
[ ] Fall Only  20___  [ ] Summer Session Dates: __/__/____ to __/__/____
[ ] Spring Only  20___

IDENTIFY SPECIFIC ACCOMMODATION REQUEST(S)

[ ] Request for specific room type (refer to Housing documents/Housing Web site for descriptions and pricing):
  [ ] 2 Person Room (1 Bath)  [ ] Single (1 Bath)
  [ ] 2 Double Bedrooms (2 Baths)  [ ] 2 Single Bedrooms (1 Bath)
  [ ] 2 Double Bedrooms (1 Bath)  [ ] 4 Single Bedrooms (2 Baths)
[ ] Other: ______________________________________________________________________
[ ] Other: ______________________________________________________________________

~ OR ~

OFF CAMPUS/VULCAN VILLAGE

[ ] 1 – Year Lease  20___ to 20___  [ ] Other: _________________________________

IDENTIFY SPECIFIC ACCOMMODATION REQUEST(S)

[ ] Request: ______________________________________________________________________
[ ] Request: ______________________________________________________________________

I UNDERSTAND AND AGREE TO:

✓ Accommodation requests must be reasonable and supported by documentation on file with OSD.
✓ OSD reserves the right to request additional documentation from the student.
✓ Students who request/receive accommodations must register with OSD each semester.
✓ All regular university housing procedures apply e.g., dates for application, deposit, contract and room assignment, etc.
✓ Approved housing accommodations are provided on a first-come, first-served basis per applicable university housing procedures.

__________________________________  __________/__________/__________
(Student Signature)                 (Date)
TO BE COMPLETED BY OSD OFFICE

* Request received from student _____/_____/_____ at ___:___ AM PM   Staff: ____________

* File notes regarding the request(s): _____________________________________________________

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