

Services for Students with Disabilities UU119

PO Box 6000 Binghamton, New York 13902-6000 607-777-2686 Voice, Fax: 607-777-6893 Email: ssd@binghamton.edu

Housing Accommodation Request Student Form

Student Form	
Leg	gal Name:
Pre	ferred Name and Pronouns:
Da	te of Birth:
B-N	lumber:
Но	using Gender Identity: Male Female Gender-Inclusive
Cui	rent Housing Assignment (if applicable):
	ademic Semester(s) requesting: Fall Spring
	at is the disability for which you are requesting a housing accommodation?
De:	scribe the type of housing you are requesting:
	w will the requested housing accommodation reduce barriers or impact of your disability with regards to periential living in the residence halls?
Stı	udent Agreement:
>	A Housing Accommodation(s) are not guaranteed in specific buildings or specific communities.
	A Housing Accommodation Request may be submitted at any time, however, Residential Life has the most flexibility to meet your accommodation if the request is approved at least 30 days prior to the student's housing process.
>	Reassignments will only accommodate the student requiring the accommodation, and not any request roommates.
>	If a determination is made for assignment for a room type that is not immediately available, the student will be given priority for reassignment to that room type as soon as a vacancy exists.
>	If the accommodative housing option is only available outside of your current housing rate, your current housing rate will be honored.

By submitting this form, I authorize the SSD office to discuss my housing accommodation and needs with

I have reviewed and understand the information listed under the Student Agreement.

Student Signature:

Residential Life.