Cairn UNIVERSITY

Academic Resource Center 200 Manor Avenue Langhorne, PA 19047-2990 • 215.702.4518 • **Fax: 215.702.4528**

Request for Disability Accommodation in University Housing

All information obtained in diagnostic medical, psychological, and educational reports is used solely for the purpose of determining reasonable and appropriate accommodations. Information will be regarded as private and will not be released except in accordance with state and federal law.

Student's Name: _____ Date: __/__/____

Date of Birth____/____/____ Academic Year for Request _____

Current Class Status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate ☐ Other

Transfer Student ☐ Yes ☐ No

Telephone: (Home) _____(Cell) _____ Email: _____

Accommodation Needs:

_____
_____
_____
_____

Students requesting housing accommodations due to disability/medical needs must adhere to the following procedures:

1. Adhere to all of the policies, procedures and deadlines for applications set by the Director of Resident Life.
2. Register with the Academic Resource Center by completing the *Application for Accommodations*.
3. Have the appropriate *Verification for University Housing* form completed by a physician, psychiatrist, social worker, or mental health worker.

Student Signature_____ Date: __/__/____

For Staff Use Only

Approved_____ Not Approved_____

Director, Academic Resource Center: _____ Date: _____

Director of Resident Life: _____ Date:_____

Students will be notified of housing accommodations by the Director of Resident Life when all assignments have been formalized.