

STUDENT ACCESSIBILITY SERVICES OFFICE USE ONLY

Date Received: \_\_\_\_\_  
Type of Documentation: \_\_\_\_\_  
Housing Placement: \_\_\_\_\_  
Student Life Approval: \_\_\_\_\_



# Accessibility-Related Housing Application

## ACCESSIBILITY-RELATED ACCOMMODATION(S)

The Griff Center for Student Success  
Student Accessibility Services • Old Main 317 • (716) 888-2485

**PLEASE PRINT**

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Local Address (if not the same as permanent) / Current Residence Hall: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College E-mail Address: \_\_\_\_\_  
(Accessibility Support communicates through the college's official e-mail address)

Gender Identity:  Female  Male

Request is for (please state semester/year requested): \_\_\_\_\_

Current Class Year:  Prospective  Freshman  Sophomore  Junior  Senior  Graduate

### HOUSING REQUEST (based on disability-related need and proper documentation)

- Ground Level Room  Apartment-Style Housing  Suite with Bathroom  Air Conditioned Room
- Single Room  Wheelchair Accessible Room  Service Animal
- Assistance Animal (the College requires the application to be completed 60 days prior to move-in)
- Other \_\_\_\_\_

**DISABILITY**  Medical/Physical  Psychological/Cognitive

Diagnosis of Disability \_\_\_\_\_

Please provide a brief description of the substantial limitation(s) that require acceptability-related housing needs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate the modification(s) needed to be made to the housing accommodations to help eliminate barriers/limitations.

\_\_\_\_\_  
\_\_\_\_\_

Yes, I understand that information regarding my disability and needs may be released to the Office of Student Life to make this accommodation possible.

Signature \_\_\_\_\_ Date \_\_\_\_\_