

Disability Support Services
Lesley University
(617) 349-8572 (via Relay 711)
(617) 649-3704 (fax)
dss@lesley.edu

disabilityaccess@lesley.edu

Housing Accommodations Request Form

Please return completed form to disabilityaccess@lesley.edu

Name:			Student ID#			Date	
I am a:	new student current matric		riculated student	returi	ning from LOA	m LOA other	
	freshman	sophomore	junior	senior	transfer student	graduate student	
Home Addr	ress						
Cell Phone	#			Email:			
		on campus	off campus				
Current On	Campus Housi	ing Assignment:	Hall:		Room Number	:	
Duration of Request:		Single Term	Long Term fo	or the	semester,	academic year	
Disability fo	or which housing	ng accommodation	n is being reques	sted:			
Specific accommodation request:							
Reason you	are asking for	this accommodate	ion:				

☐ I am registered with Disability Support Services and documentation of my disability has been provided. ☐ I will provide documentation to and register with Disability Support Services for accommodations. ☐ I am currently living in Lesley housing that was assigned to accommodate the above condition. Student Signature: Date: ******************************** FOR OFFICE USE ONLY Committee Decision: Approved Conditionally Approved _____ Lottery _____ Denied _____ Other:

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☐ Letter Sent☐ Date:

Name