

ELIZABETHTOWN COLLEGE

Disability Services

HOUSING ACCOMMODATIONS REQUEST FORM

Deadline: March 10, 2014 for Returning Students

July 1, 2014 for First-Year & Transfer Students

Today's Date:					
Student Name:				Student ID #:	
Class:	First	Middle	Last		
	Cell Phone:			Email:	
Campus Box:		Address:		Address, City, State, Zip	
Semester(s)/Year Year	Residential A	Accommodation Red	quested (che	ck both semesters if applicable)FallSpring	
Please specify yo	ur disability	and describe how i	t impacts you	ı in a residential setting:	
·	-		-	er grab bar, first floor room, single room, low ratio mmodations will provide greater access to campus	
require additiona	l external sou	•	n to further u	althcare professional. Under ADAA, colleges may nderstand the functional limitations of the accommodations.	
All requested doc	umentation	must be received by	y Disability Se	rvices before requests will be considered.	
(To be signe	Student Si	gnature tudent is under age 18)		Date	

Return to: Director Disability Services

Elizabethtown College

One Alpha Drive

Elizabethtown, PA 17022