

AccessAbility Services Housing Accommodation Request Form

Name:		Date:	Date:	
Date of Birth:	WCSU ID:	Cell #: <u>(</u>)	
WCSU Email:	@wcsu.ed	u Gender:		
Please select the accommo	dation(s) are you requesting:			
☐ Single room				
☐ Single room within suite				
☐ Access to private toilet				
☐ Other:			_	
In addition, I am also reque	esting the following accommodat	ions:		
☐ Bed Shaker	☐ Emergency Strobe	☐ Flashing Doorbell	☐ Braille Signage	
☐ Braille for appliance	☐ Wheelchair Accessible	†		
☐ Other:				
the sole purpose of determi	al disclosure of my disability to the ning eligibility for housing accomm ne through a written, signed and a nigned authorization.	nodations. I understand that t	hese authorizations may be	
Print Name	 Student Sign	ature	 Date	
AccessAbility Services (Higg selecting the Submit button your files. For additional inf	accommodation Request Form and ins Annex 017). This form can be plat the top right to send the form ormation about housing accommodwcsu.edu or (203) 837-8225.	orinted by pressing the Print F via your personal email accou	orm button to the right or by int. Please print a copy for	
AAS Use ONLY: AAS Request Outcome:				
☐ Approved:				
Staff (initials):			te):	