



Housing Accommodation Application

New Renewal

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I. TO BE FILLED OUT BY STUDENT

Last Name: _____ First Name: _____

Student ID Number: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone _____

Campus Address (if applicable) _____

Disability: _____

Requested accommodation(s): _____

Reason for housing accommodation need _____

***Please note that student housing is limited and not guaranteed. A housing accommodation does not guarantee a housing assignment.**

***All information will remain confidential in Student Disability Services files.**

Office Use Only

Consultation with: _____

Approved: _____ Date: _____ Disapproved: _____ Date: _____

Deferred for further documentation: _____ Date: _____

Comments: _____

Disability Services Provider: _____

Professional certification (page 2) required before requests will be considered.

Return to Student Disability Services by fax at 470-578-9111, or email: sds@kennesaw.edu

Page 2.

II. TO BE FILLED OUT BY THE CERTIFYING PROFESSIONAL

Name (please print or type): _____

Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____

License number and state of licenser: _____

Name of student: _____

Diagnosis: _____

Date of diagnosis: _____

Date of initial contact with student: _____ Date of last contact with student: _____

Do you support the student's request for housing accommodations?

_____ Yes _____ No

Rationale _____

Please describe any risks to the student or others of the requested accommodation:

Are there other ways to meet the student's needs that allow full participation in the residential/roommate experience? _____

Other information pertinent to this request: _____

Signature of certifying professional: _____ **Date** _____