OFFICE OF DISABILITY SERVICES

Phone (843) 863-7159 • Strom Thurmond Building, Student Success Center • Fax (843) 863-8030 • awatson@csuniv.edu

Housing Accommodation Request

To be completed by student. Please print.

Name:	CSU Student ID#
Local Address	
Semester and/or year to which this re Fall only Spring only	equest applies Academic Year
Permanent Address	Home Phone: Cell Phone: CSU email: Date of Birth:
Are you a new Freshman?	Transfer student?
Please list specific housing accommo	odation (s) and explain need, based on a documented disability.
(Student Signature)	(Date)

Note—Applications are reviewed to ensure that the claimed disability meets the definition set by the Americans with Disability Act.

This Form <u>and</u> Required Professional Documentation used as justification for requested accommodations must be returned to:

Office of Disability Services
Charleston Southern University
Strom Thurmond Building, Student Success Center
Mailing Address: 9200 University Bouldvard
Charleston, SC 29423

Promoting Academic Excellence in a Christian Environment