

Previously Approved Housing Accommodation Request

Name: _____ **Phone:** _____

Anticipated Graduation (month/year): _____

Request Type: Air Conditioner Private Room First Floor Room
 Other: _____

Request time-frame: This request is for Fall 2024 Spring 2025

Have there been any changes to your needs for housing, if so, please explain:

Please provide the following:

Provider's Name: _____

Address: _____

Telephone: _____ **Fax:** _____

The request will be reviewed by a committee consisting of staff from Residential Life, Health Services, Counseling Services, and Disability Support Services who have my permission to release and discuss pertinent information concerning the above request. Further, I authorize members of this committee to discuss this request with my health care provider.

Student's Signature

Date

*A person with a disability is defined as someone who has a physical or mental impairment that substantially limits one or more **major life activities**. Examples include, but are not limited to: walking, seeing, hearing, speaking, breathing, learning, working, and sleeping.*

The completed form can be sent to the Residential Life Office by email or mail.

Email: reslife@lycoming.edu

Mail: Office of Residential Life
Box 146
One College Place
Williamsport, PA 17701