

**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 2023     Spring 2024

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

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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](mailto:reslife@lycoming.edu)

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