**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 2022 [x]  Spring 2023

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

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