

Please complete the following form and return to Campus Accessibility Services.

| Student's Name: | | | | |
|---|--|-------------------|--|--|
| Date of Birth: _ | Student ID: | | | |
| Address: | | | | |
| Email: | Cell Phone: | Other Phone: | | |
| I am a (check o | one): | | | |
| ☐ Current☐ Current | udent (first year) requesting accommodations for the tstudent requesting accommodations for the upcomet student requesting accommodations for current accers tudent | ing academic year | | |
| Current on-can | mpus housing assignment (if applicable): | | | |
| The required s | upporting documentation is (check one): | | | |
| □ Will be | ed by email PSU.CAS@plymouth.edu faxed to Campus Accessibility Services 603.535.2277 mailed to Campus Accessibility Services at: | • | | |
| | Campus Accessibility Services MSC 9 17 High St. Plymouth NH 03264 | | | |

Current, supporting documentation is required for changes to an approved housing accommodation(s), and may be required under other circumstances.



Please consider how YOU as the student may be impacted by disability in the following areas:

1. Do you have a severely compromised immune system or severe, life-threatening allergies?

Living in a residence hall provides safety.

| | □ Yes | |
|-----------------|---|----------|
| | □ No | |
| | If yes, please explain. | |
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| <u>Living i</u> | n a residence hall provides convenience. | |
| 2. | Do you have a mobility disability or limiting condition requiring consideration of proximity of | n campus |
| | (ex. distance to classes, restroom or other facilities)? | |
| | □ Yes | |
| | □ No | |
| | If yes, please explain. | |
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Living in a residence hall provides an opportunity to experience community living.

- 3. If you are requesting a **single room**, these questions must be answered:
 - a. Are you unable to share a living space? If so, please explain why.
 - b. What significant impact to major life activities would be mitigated by having a single room (in comparison to a double room)?
 - c. Can your needs be met through alternative considerations (e.g., change of roommate/ability to choose roommate/double room)? If not, please explain why.



| | d. How will you manage your symptoms in other campus settings (i.e., classrooms, dining halls library, etc.)? | |
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| Living | in a residence hall should include dignity. (without embarrassment by circumstances). | |
| | Do you have considerations related to dignity? | |
| ٠. | ☐ Yes | |
| | □ No | |
| | If yes, please explain. | |
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| Living | in a residence hall provides access to meal service. | |
| 5. | Do you have severe, life-threatening allergies or intolerances to be considered? | |
| | □ Yes □ No | |
| | | |



| If yes, please explain. | |
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| Living in a residence hall provides an opportunity for op | tions in selecting the type of room to live in. |
| | u from one or more options of housing available? |
| □ Yes □ No | |
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| If yes, please explain. | |
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| OTHER: Feel free to share any additional information to | be considered if relevant to disability. |
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| Housing Accommodations for Students with Disabilities: | |
| If a request for a housing accommodation is based on a disab | • |
| (ADA), Section 504 of the Rehabilitation Act, or the Fair House Accessibility Services. Please contact 603.535.3300 or PSU.C. | |
| Ctudent signature. | Data |
| Student signature: | Date: |