



HOUSING: SPECIAL ACCOMMODATION REQUEST FORM

SECTION 1: STUDENT INFORMATION

Name: _____ Student ID Number: _____

Primary Email Address: _____ Alternate Email Address: _____

Current Mailing Address: _____
Street City State Zip Code

Home Telephone: (_____) _____ Cell Phone: (_____) _____

Semester & Year student plans to attend CSU San Marcos (i.e., Fall 2017): _____

SECTION 2: TO BE COMPLETED IN CONSULTATION WITH A DSS COUNSELOR

What special accommodations are being requested?

Please provide the medical and/or disability rationale which supports your special accommodation request:

Is supporting disability documentation on file to support the request? Yes | No

SECTION 3: COMPLETED BY DSS COUNSELOR

Please confirm what special housing accommodations have been authorized:

NAME OF DSS COUNSELOR

DATE

SIGNATURE OF DSS COUNSELOR

SECTION 4: COMPLETED BY STUDENT

I understand that I have the right to consult with the ADA Appeal's Officer if I believe my disability rights have been infringed upon. I understand that the Dean of Students is the acting ADA Appeal's Officer and can be reached by calling (760) 750-4935 and is located in the University Student Union Suite 3500.

I know that I can request additional accommodations at a later time but will need to engage in the interactive process with a DSS counselor to have each new request reviewed.

NAME OF STUDENT

DATE

SIGNATURE OF STUDENT