Housing Requests for Students with Disabilities
Office of Residence Life

Mission Statement:

The mission of Residence Life is to provide a residential environment that supports and encourages every student to be a responsible global citizen, a lifelong learner and engage in personal development.

The office of Residence Life also supports students with disabilities by sustaining their housing needs and providing the least restrictive environment possible.

Are you registered with the Office for Students with Disabilities □ Yes □ No

1. Student ID #: EX. (A00712345) ____________________

2. Gender: □ Male □ Female

3. Birthdate: ____________________

4. Name: ________________________________________________________________

   Last      First      Middle Initial

Procedures for Applying for University Housing for Students with Disabilities:

1. Complete this form in its entirety and return to the Office of Residence Life at Slippery Rock University. We are located at 105 Watson Hall. Or you can mail this form to the above listed address.

2. Please indicate which semesters you will need housing, we do not offer one semester leases for housing unless you started in the spring.
   - Fall 2013/Spring 2014 OR please indicate in this space when you will be attending
   - ________________________________

3. Type of housing you are requesting, please check all that you are interested in:
   - Single Room, Suite
   - Single Room, Traditional
   - 4 Single Suite
   - 2 Single 1 Bath Suite
   - 2 Single 2 Bath Suite
   - Double Suite
   - Double Studio
   - 2 Single Studio
4. A detailed listing of all room types are available to view on the Residence Life web page at:
http://www.sru.edu/studentlife/reslife/Pages/AvailableRoomTypes.asp

5. After our office receives this information, you will be contacted regarding availability of accessible housing. Please, understand that simply submitting this request does not guarantee requested housing accommodations will be provided. This information is decided on a case by case basis and availability. The Office of Residence Life will contact you to let you know whether your request was accepted or not approved. The response will be sent to your SRU email account. Please note we will not mail responses to your home address. If you have not been contacted within 6-8 weeks after submission, please contact Residence Life for inquiry. You may contact us at (724)738-2082.

6. Do you have a roommate request, if so please list their name in the space provided. All roommate requests must be mutual and can be requested in step 4 of the housing application process if they are an incoming freshman and have completed all housing materials. If you already applied for housing, please write their name in the space provided and have them email me to make their request mutual: Natalie.Burick@sru.edu.

7. Roommate Request Name and Student ID Number: _______________________________________________________

All information provided to us will be kept confidential; we will only use this information to assist in processing your housing request. The Office of Residence Life collaborates with the Office for Students with Disabilities in processing these requests for appropriate housing accommodations only.

Information Regarding Accommodations, so we can better serve you: Please check all that apply to you.

_Vision: Do you require auditory emergency alarms such as special fire equipment _Yes or _No
_Hearing: Do you require visual emergency alarms such as special fire equipment _Yes or _No
_Motor/Mobility: Do you require a handicap accessible room for wheelchair mobility _Yes or _No
_Do you have a motorized wheelchair _Yes or _No
_Do you have a manual wheelchair _Yes or _No
_Do you require a service animal _Yes or _No

_Other, if so please explain:

_____________________________________________________

Please describe in detail what types of housing accommodations you are requesting? Please attach an additional page if necessary.

_____________________________________________________

_____________________________________________________

_____________________________________________________

Please also indicate, if you had this specific accommodation in the past and how this accommodation helped you maintain your academic career.

_____________________________________________________

_____________________________________________________

_____________________________________________________

Please note: You do not have to tell us specifically what your diagnosis or disability is. We just need basic information regarding your disability; therefore, we can place you in an appropriate housing accommodation that best suits your needs.
PLEASE SIGN AND INDICATE THAT YOU UNDERSTAND ALL POLICIES AND PROCEDURES REGARDING HOUSING
ACCOMMODATIONS AT SLIPPERY ROCK UNIVERSITY.

- By my signature below I understand any information submitted with this form is for the sole purpose of housing accommodations at Slippery Rock University and that the requested housing may not be granted.

- I also understand that it may be deemed necessary to share this information with other Residence Life personnel to ensure the best accommodations are made.

- I understand that completing this form does not guarantee that I will be given requested housing accommodations.

- My signature gives Slippery Rock University authorization and permission to make any arrangements for housing that is deemed necessary.

- I realize this request is only a housing request and that all academic requests must go through the Office for Students with Disabilities. You may contact the OSD office at (724) 738-4877

  - I authorize The Office for Students with Disabilities to provide a copy of this form to housing.

Student Name: (Print)

_____________________________________________________________________________________________

Student Signature:

_____________________________________________________________________________________________

Parent or Guardian Signature: (If under the age of 18)

_____________________________________________________________________________________________

Email address and/or other contact information that you would like a reply sent to:

_____________________________________________________________________________________________

Please also provide with a preferred method of contact and a recent, working phone number that we can easily contact you:

_____________________________________________________________________________________________