Self-Disclosure and Request for Placement in Residence Halls with Air Conditioning or Installation of Air Conditioning Unit Form

Please complete and submit this form by June 1 via fax, mail, email or in person. Please provide documentation of your condition.

REQUEST FOR ACCOMMODATIONS  (MUST BE COMPLETED BY STUDENT)

Name: ____________________________________________________________  Today’s Date: ____/____/____
ESU ID (last 6 #s): ___________________________________________  Date of Birth: ____/____/____
Cell Phone: ____________________  Alternative Phone: _____________________
ESU email: ____________________________
Permanent (Home) Address:  Street: _______________________________________________________
City/State: ___________________________  Zip code: __________________________

Academic Profile:  Major: _____________________________  Minor (if applicable): ___________________________
Classification (check all that apply):

_____ Prospective student  _____ Freshman
_____ Full-time student  _____ Sophomore
_____ Part-time student  _____ Junior
_____ Other (please explain)  _____ Senior

Date of enrollment at ESU: _____ /_____

Transfer student:  _____Yes  _____ No  If yes, from where: ___________________________
International student:  _____Yes  _____ No

U.S. Veteran:  _____Yes  _____ No  
If yes:  Dates of service:  From ________ to _________ (month/year)
Are you a client of:  The Veteran Administration of Vocational Rehabilitation?  _____Yes  _____No
The State Vocational Rehabilitation?  _____Yes  _____ No

Please check the residence in which you will be living:

_____ Hawthorn Suites  _____ Minsi Hall
_____ Hemlock Suites  _____ Shawnee Hall
_____ Laurel Hall  _____ University Apartments
_____ Lenape Hall  _____ University Ridge
_____ Linden Hall

(CONTINUED ON BACK)
I understand: (Please initial each item)

_____ My accommodation request must be reasonable and supported by documentation.

_____ There is an additional residence hall fee for installation of air conditioning unit that will be added to my bill ($175 if I do not live in Hawthorn Suites or Hemlock Suites).

_____ Approved housing accommodations are provided on a first-come, first-serve basis when submitted by the housing deadline.

_____ All regular housing procedures must be followed (e.g. completed application, deposit, contract and room assignment by residence life).

_____ I (the student) must contact the Office of Residence Life and Housing (570-422-3191) with any questions about this accommodation.

I understand that to be considered eligible for this accommodation at ESU I must provide this completed form, and submit available supporting documentation that substantiates current functional limitations. I authorize the Offices of Disability Services and Residence Life and Housing to share information from my records with others as deemed appropriate.

Documentation is: _____________ enclosed _____________ will be sent separately

Student Signature: ___________________________________________ Date: ________________

Please submit this form to our office by June 1 via fax, mail, email, or in person.

Office of Disability Services
East Stroudsburg University
200 Prospect Street, Rosenkrans Building East
East Stroudsburg, PA 18301
Phone: 570-422-3954 ● Fax: 570-422-3898
Email ods@esu.edu
# Documentation of Accommodation for Air Conditioning

**TO BE COMPLETED BY LICENSED HEALTH PROFESSIONAL**

In order to provide students with appropriate accommodations, documentation is beneficial in determining eligibility.

## STUDENT INFORMATION

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<tr>
<th>Name: ____________________________</th>
<th>Today’s Date: <strong><strong>/</strong></strong>/____</th>
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<tr>
<td>ESU ID (last 6 #s): ______________________</td>
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<td>__________</td>
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<td>Zip code: ________________________</td>
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## DIAGNOSTIC INFORMATION

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<th>Disability Diagnosis: ________________________</th>
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<th>Current Impact of Diagnosis:</th>
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<th>Accommodation Needed:</th>
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<td>______ Air conditioning</td>
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<td>______ Other (please specify) ________________________</td>
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Thank you for your cooperation in this matter. Complete and comprehensive responses to these items will provide the Offices of Disability Services and Residence Life and Housing with supporting information to determine eligibility for installation of air conditioning.

*Please submit this form to our office via fax, mail, email, or in person.*

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