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.

<table>
<thead>
<tr>
<th>REQUEST FOR ACCOMMODATIONS</th>
<th>(MUST BE COMPLETED BY STUDENT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: ______________________</td>
<td>Today’s Date: <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>ESU ID (last 6 #s): ______________________</td>
<td>Date of Birth: <em><strong>/</strong></em>/___</td>
</tr>
<tr>
<td>Cell Phone: ______________________</td>
<td>Alternative Phone: ______________________</td>
</tr>
<tr>
<td>ESU email: ______________________</td>
<td>Permanent (Home) Address: Street: ______________________</td>
</tr>
<tr>
<td>City/State: ______________________</td>
<td>Zip code: ______________________</td>
</tr>
</tbody>
</table>

**Academic Profile:**

Major: ______________________ Minor (if applicable): ______________________

Classification (check all that apply):

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

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
- _____ Hemlock Suites
- _____ Laurel Hall
- _____ Lenape Hall
- _____ Linden Hall

- _____ Minsi Hall
- _____ Shawnee Hall
- _____ University Apartments
- _____ University Ridge

(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.

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

Office of Accessible Services Individualized for Students
East Stroudsburg University
200 Prospect Street, Hoeffner Science & Technology Center, Room 341
East Stroudsburg, PA 18301
Phone: 570-422-3954  Fax: 570-422-3268
Email ods@esu.edu