Application Request Form for Housing Accommodation - Air Conditioning Form

Please complete and submit this form by April 15th via fax, mail, email or in person. Please provide documentation of your disability.

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
☐ Full-time student
☐ Part-time student
☐ Other (please explain) ______________________________
☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior

Semester / Year of Enrollment at ESU: _________ / _________ (i.e., Fall 2019)

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
Disability Diagnosis: _____________________________________________________________

**I understand: please initial each item**

- My accommodation request must be reasonable and supported by documentation.
- 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 (570-422-3460) 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 Accessible Services Individualized for Students 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: ________________

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

Office of Accessible Services Individualized for Students (OASIS)  
200 Prospect Street  
Sycamore Suites Lower Level  
East Stroudsburg, PA 18301  
Phone: 570 422 3954  Fax: 570 422 3268  
Email: oasis@esu.edu