



Services for Students with Disabilities
UU119

PO Box 6000
Binghamton, New York 13902-6000
607-777-2686 Voice, Fax: 607-777-6893
Email: ssd@binghamton.edu

Housing Accommodation Request Student Form

Legal Name: _____

Preferred Name and Pronouns: _____

Date of Birth: _____

B-Number: _____

Housing Gender Identity: † Male † Female

How will the requested housing accommodation reduce barriers or impact of your disability with regards to experiential living in the residence halls?

Student Agreement:

- ¾ A Housing Accommodation(s) are not guaranteed in specific buildings or specific communities.
- ¾ A Housing Accommodation Request may be submitted at any time, however, Residential Life has the most flexibility to meet your accommodation if the request is approved at least 30 days prior to WKH VWXGHQW†V KRXLQJ SURFHVV
- ¾ Reassignments will only accommodate the student requiring the accommodation, and not any request roommates.
- ¾ If a determination is made for assignment for a room type that is not immediately available, the student will be given priority for reassignment to that room type as soon as a vacancy exists.
- ¾ If the accommodative housing option is only available outside of your current housing rate, your current housing rate will be honored.
- ¾ By submitting this form, I authorize the SSD office to discuss my housing accommodation and needs with Residential Life.

I have reviewed and understand the information listed under the Student Agreement.

Student Signature: _____

Date: _____