DISABILITY HOUSING ACCOMMODATIONS REQUEST FORM

Illinois Institute of Technology is deeply committed to the full participation of students with disabilities in all aspects of university life, including residential life. With this in mind, the university has established procedures to ensure that students with disabilities have equal access to IIT’s housing resources. Please refer to the Disability Housing Accommodations Procedures & Guidelines for the complete process for requesting disability-related housing accommodations, including deadlines. Students must follow these procedures and provide all of the required information in order to be considered for disability housing accommodations.

Name: __________________________ Date: ______________

Semester Requesting Accommodations:

☐ Fall ☐ Spring ☐ Summer

Academic Year: __________

Mailing Address: __________________________________________________________

_______________________________________________________________________

Current Campus Address: ________________________________________________

_______________________________________________________________________

E-mail Address: __________________________________________________________

Home Phone: _______________ Cell: ________________

Current Academic Status:

☐ First Year ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

☐ Other: ________________

College: __________________________________________________________________
Program/ Major: ____________________________________________________________

Disability: ________________________________________________________________

CDR Registration Date: ____________________________

Have you previously applied for disability housing accommodations? □ Yes □ No

If yes, what semester/year: ____________________________

If yes, please list any accommodations that you received:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Accommodations Currently Requesting:

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

In the space below, please provide a personal statement describing your condition and your need for each of the accommodations that you are requesting. You may also attach a separate document with this information.

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
If you have not done so already, please attach documentation from a qualified medical or other provider in support of your requested accommodation(s.) Please refer to documentation guidelines in this handbook.

Please sign below, indicating that you have read IIT CDR *Disability Housing Accommodations Procedures and Guidelines* and have presented information accurately and to the best of your knowledge.

Student Signature: ______________________________________ Date: __________

Send Form To:
IIT Center for Disability Resources
10 W. 35th Street, Third Floor
Chicago, Illinois 60616
Email: disabilities@iit.edu
Fax: 312.567.3845