

SPECIAL HOUSING/DINING REQUEST APPLICATION

NOTE: If you are requesting special housing accommodation because of a disability, you MUST be registered with the Coordinator for Access and Equity Services.

Name: _____ I.D. Number: _____

Current On-Campus Address: _____ Home Address: _____

Phone: _____ Phone: _____

E-Mail: _____ E-Mail: _____

Gender: _____

1. I am making the following Special Housing request (check all that apply):

_____ Substance free floor _____ Extended Quiet Hours Residence _____ Personal refrigerator
_____ Apartment with no carpeting _____ Exemption from Dining Plan
_____ other (please explain)

2. I am requesting this accommodation for (semester): _____

3. This request is the result of a permanent and/or reoccurring condition and I will need to be accommodated for the remainder of the time I reside in on-campus housing: _____ Yes _____ No

If this request is for a non-medical reason, please attach a letter and any supporting documentation explaining your request.

"I have reviewed this application and I wish to make a Special Housing and/or Dining Request. I have provided the appropriate documentation to the Coordinator for Access and Equity Services. I give my consent to the Tompkins Cortland Community College Health Center; Counseling, Career, & Transfer Services Office, and/or the Coordinator for Access & Equity Services to review these materials and make a recommendation to the Office of Residence Life regarding this request."

Student Signature

Date

Please mail this form & supporting documentation to:

Coordinator for Access & Equity Services
Tompkins Cortland Community College
P.O. Box 139
170 North Street, Room 130
Dryden, NY 13053

or fax to 607-844-6549

----- Office Use Only Below This Line -----

Residence Life Signature

Date

Coordinator for Access & Equity Services Recommendation:

Reviewer's Signature

Date