



# UNIVERSITY of NEW HAMPSHIRE

**Office Hours:**

Monday -Friday • 8 a.m.-4:30 p.m.

[disability.office@unh.edu](mailto:disability.office@unh.edu)

[www.unh.edu/disabilityservices/](http://www.unh.edu/disabilityservices/)

**Disability Services for Students**

201 Smith Hall

(603) 862-2607 (Voice/TTY)

(603) 862-4043 (Fax)

## Housing Request Form

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Date: \_\_\_\_\_

Request for Semester (*Circle one*): Fall/Spring/Summer 20\_\_ UNH Email: \_\_\_\_\_

Permanent Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_

Current Class Standing (*circle one*): Freshman Sophomore Junior Senior Grad Student

Class Standing during Semester of Request (*circle one*): Freshman Sophomore Junior Senior Grad

**Current College:****Disability/Diagnosis:**

- Thompson School
- Engineering & Physical Sciences
- Health & Human Services
- Liberal Arts
- WSBE
- Graduate School
- Continuing Education

- Medical
- Physical
- Psychological
- Other (Please Specify): \_\_\_\_\_

**Request is for:**

- Single Room  Double Room
- Room with connected bath
- Wheel chair accessible room
- Air conditioned room
- Room on ground floor/near elevator
- Apartment  Residence Hall
- Other (please specify): \_\_\_\_\_

Please provide a specific description of the substantial limitations that support your request: \_\_\_\_\_

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Please indicate reasonable housing modifications needed to assist in eliminating any barriers:

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***I permit the information on this form to be released to UNH Housing in order to provide reasonable accommodations.***

***I understated that initiating this process does not guarantee accommodations.***

***I have provided DSS with the documentation needed to determine housing accommodations.***

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***Student Signature***

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***Date***