

STUDENT ACCESSIBILITY SERVICES OFFICE USE ONLY

Date Received: _____
Type of Documentation: _____
Housing Placement: _____
Student Life Approval: _____



CANISIUS
UNIVERSITY

Accessibility-Related Housing Application

ACCESSIBILITY-RELATED ACCOMMODATION(S)

The Golisano Center for Student Success
Student Accessibility Services • (716) 888-2485

PLEASE PRINT

Date: _____
Student Name: _____ ID Number: _____
Permanent Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Local Address (if not the same as permanent) / Current Residence Hall: _____
City: _____ State: _____ Zip: _____

College E-mail Address: _____
(Accessibility Support communicates through the college's official e-mail address)

Gender Identity: Female Male

Request is for (please state semester/year requested): _____

Current Class Year: Prospective Freshman Sophomore Junior Senior Graduate

HOUSING REQUEST (based on disability-related need and proper documentation)

- Ground Level Room Apartment-Style Housing Suite with Bathroom Air Conditioned Room
- Single Room Wheelchair Accessible Room Service Animal
- Assistance Animal (the College requires the application to be completed 60 days prior to move-in)
- Other _____

DISABILITY Medical/Physical Psychological/Cognitive

Diagnosis of Disability _____

Please provide a brief description of the substantial limitation(s) that require acceptability-related housing needs.

Please indicate the modification(s) needed to be made to the housing accommodations to help eliminate barriers/limitations.

Yes, I understand that information regarding my disability and needs may be released to the Office of Student Life to make this accommodation possible.

Signature _____ Date _____