



WESTMONT

Office of Disability Services Student Housing Accommodation Request

Name _____

Date _____

Student ID: _____

Class status at end of this semester:

Current housing location:

Requested housing location and/or accommodation:

Please answer the following questions:

1. What are your current functional limitations imposed by the disability? In other words, list the barrier(s) due to your disability in a residential housing environment:

2. How do you believe this requested housing accommodation may reduce your symptoms?

3. Is there evidence that this accommodation has helped you in the past? If so, please describe.

4. Is there any additional information you would like to share?

Return to the Office of Disability Services by email or fax
ods@westmont.edu, FAX 805-565-7244