

## **Housing Accommodation Request Form**

The University of New England ("UNE" or "University") recognizes the importance of providing reasonable accommodation in its housing policies and practices where necessary for students with disabilities to use and enjoy University housing. A reasonable accommodation is an exception to the usual rules or policies that a resident with a disability may need to have an equal opportunity to use and enjoy University housing.

Please complete this form and return it to the Student Access Center as soon as practicably possible before moving into University housing. If the request for accommodation is made <u>fewer than 60 days</u> before you intend to move into University housing, UNE cannot guarantee that it will be able to meet the your accommodation needs during the first semester or term of occupancy. More information is available in the UNE Housing Reasonable Accommodation Policy.

Today's date	Student's PRN
Name of Student/Resident (print):	
Preferred Name:	Preferred Pronouns:
Permanent Address:	
Phone:	Email:
Current UNE student? ( ) Transfer ( ) Freshme	n ( ) Sophomore ( ) Junior ( ) Senior
Do you currently reside on campus?()NO- date e	expected to move in:
S- YES-dorm	name & room number:
Specific Reasonable Accommodation being request	ed (please add additional pages, if necessary):
Please identify your disability/disabilities:	

Why do you believe the housing accommodation is no	ecessary because of your disability:
In circumstances where either your disability and/or provide a verification from a reliable third-party (e.g., establishing that you have a disability and that the ac	a physician or other medical professional) commodation is necessary to provide you an equal
opportunity to use and enjoy University housing. Ple documentation and submit to Student Access. Appli	<del></del>
documentation.	outions current be reviewed militar supporting
Documentation guidelines can be found online: https	://www.une.edu/pdfs/documentation-guidelines-
housing-accomodations , or sent to you via email upo	n request.
By signing below, I certify that the information I have proven true, complete, and accurate. By signing below, I acknowle requires my full participation and interaction with the Study verifier to provide only the information necessary to verify disability and/or to evaluate if the reasonable accommodal opportunity to use and enjoy University housing.	edge that I understand the accommodations process lent Access Center. By signing below, I authorize the whether the individual making the request has a
Student signature	Date
Assistance provided by (if applicable)	
This application and any supporting documentation, which laws regarding post-secondary education, can be submitted.	·

**Student Access Center,** Attn: Coordinator University of New England 11 Hills Beach Road Biddeford, ME 04005 Phone: 207-602-2119

Fax: 207-602-5971

Email: bcstudentaccess@une.edu