Request for Housing Accommodations

Name:__________________________________Date:_________________

1. Please indicate the nature of the disability for which you are requesting housing accommodations:

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2. Please list the specific housing accommodations you are requesting:

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3. Medical documentation of your disability and related housing needs must be submitted with this request. The documentation must be presented on original letterhead of the physician or health care provider.

4. Submit by mail or fax the completed Request for Housing Accommodations and supporting medical documentation to:

   Johanna Isaacs, Psy.D.
   Disabilities Services
   Widener University
   One University Place
   Chester, PA 19013
   Fax: (610) 499-1192

5. Should you have any questions, please call Dr. Isaacs at 610-499-1264. You may also contact Terri Walklett, M.A., Academic Accommodations Facilitator, at 610-499-1264.