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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   _______________________________________________________________
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2. Please list the specific housing accommodations you are requesting:
   _______________________________________________________________
   _______________________________________________________________
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3. Comprehensive 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 documentation to:

   Anna Bachus, M.S., NCC
   Director, Disabilities Services
   Widener University
   One University Place
   Chester, PA 19013
   Fax: (610) 499-1192

5. Should you have any questions, please call Disabilities Services at 610-499-1266