

REQUEST FOR



REQUEST FOR HOUSING ACCOMMODATIONS

Form 1 ²To Be Completed by Student

Student Name _____ MSU ID# _____

Permanent Address _____

Cell Phone number _____

Email address _____

I am requesting housing accommodations for (semester) _____

Please specify the medical or psychological disability for which you are seeking accommodations

Please specify what accommodations you are requesting

Are you currently being



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Is this request medically necessary or recommended to enhance the comfort and convenience of the student? If medically necessary,
