



RESIDENCE HALL DISABILITY ACCOMMODATION REQUEST FORM

PLEASE COMPLETE THIS FORM AND SUBMIT TO:

Office of Accessibility Resources, C104
Onondaga Community College
4585 West Seneca Turnpike
Syracuse, NY 13215
Fax: (315) 498-2977
Phone: (315) 498-2245

PLEASE FILL IN:

First Name: _____ Last Name: _____

Student ID# _____ Contact Phone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____

Please indicate your room accommodation request below. Appropriate supporting documentation must also be provided/attached.

Each request is reviewed on an individual basis by OAR staff. Additional information may be required; your request must correlate with the disability and documentation provided. Please note room assignments as well as room type are not guaranteed for any housing applicant. Once a room assignment is made, your accommodation request will be reviewed.

Internal Office Use Only:

Supporting Documentation on File with OAR? ____ Yes ____ No

Accommodation *required* to reside on campus:

Notes: