

Office of Student Disability Services

HOUSING/FACILITY ACCOMMODATION REQUEST FORM

NAME:PHONE:NSU EMAIL:			NSU ID #:	
			CELL PHONE:	
				@MYNSU.NOVA.EDU
MAILING AI	DDRESS:			
			DENT LEVEL:Undergraduate	
PRIMARY C	AMPUS:			
Davie	Fort Myers	Jacks	sonvilleMiamiC	Online
Orlando	Puerto Rico	Tam _]	paWest Palm Beach	
PROGRAM/N	MAJOR:			
COLLEGE:				
Allopathic Medicine			Engineering and Computing	Nursing
Arts, Humanities, & Social Sciences			Health Care Sciences	Optometry
Business			Law	Osteopathic Medicine
Dental Medicine			Medical Sciences	Pharmacy
Education		Natural Sciences & Oceanography	Psychology	
DIAGNOSIS/	MEDICAL CONDITI	ON:		
Attention Disorders			Physical and Systemic Disorde	ers
Autism Spectrum Disorders		Psychological and Psychiatric Disabilities		
Head Injury and Traumatic Brain Injury		Specific Learning Disabilities		
Hearing Impairments		Vision Impairments		
REQUEST A	CCOMMODATION(S	S) BEGI	INNING:FallWinter	Summer
-	•		UEST, HOUSING CONTRACT SUBM	

Please RETURN this form with supporting documentation from your treating professional(s).

Visit www.nova.edu/disabilityservices for appropriate supporting documentation. Accommodations must be requested through SDS prior to July 1st for the fall semester and prior to December 1st for the winter semester. Accommodations for summer must be requested prior to April 1st. Failure to abide by these guidelines may result in a delay in determinations.

IF REQUESTING A HOUSING OR FACILITY ACCOMMODATION THE DIFFICULTIES YOU EXPERIENCE WITH RESIDENTIAL LA FACILITY:	
PLEASE LIST SPECIFIC ACCOMMODATION(S) BEING REQUES	
IF EMOTIONAL SUPPORT ANIMAL REQUEST, PLEASE SPECIF *IF OTHER, SPECIFY:	IY:DogCatOther*
RELEASE OF INFORMATION:	
and its designated representatives to discuss my disability-related needs wire Southeastern University administration, staff, and/or faculty for the purpose well as determining reasonable accommodations. I understand this information be used only for educational purposes. I understand that this authorization through a written, signed, and dated request.	e of assisting me in my program, as ation is confidential in nature and will
Student Signature**	Date
Parent/Guardian Signature if student is under the age of 18 years old	Date
I, (print first and last name), a	authorize Student Disability
Services and its designated representatives to release and/or discuss inform my disability; including but not limited to documentation pertaining to my evaluations regarding accommodations and services, with (check all that apMembers of my family (specify):	ation specifically related to disability, requests or oply):
Medical professional(s) (specify):	
Student Signature**	Date
Parent/Guardian Signature if student is under the age of 18 years old	Date

**By signing this form you understand that we will not review your request until your supporting documentation from your treating professional(s) is received. Visit www.nova.edu/disabilityservices for appropriate supporting documentation. Accommodations must be requested through SDS prior to July 1st for the fall semester and prior to December 1st for the winter semester. Accommodations for summer must be requested prior to April 1st. Failure to abide by these guidelines may result in a delay in determinations.