



Student Disability Services
5800 Bay Shore Road
Sarasota, FL 34243-2197
Phone: 941.487.4496
Fax: 941.487.4517

HOUSING & ALTERNATE MEAL PLAN ACCOMMODATION REQUEST

Instructions: Please complete and sign this form. For review of your request, please schedule an appointment with Student Disability Services (SDS) and bring this form. In addition to this form, documentation from a qualified medical or other licensed provider in support of your request for this accommodation is needed by the date of the appointment. Refer to the Student Disability Services website (<https://www.ncf.edu/reasonable-accommodations-2/>) for forms and instructions.

(Please Note: Students must also submit a **Housing Preference Form** to the Residential Life Office).

Name: _____ Date: _____

Address: _____

Telephone: _____ Email: _____

Student Status: ___ New ___ Transfer ___ Returning

Student ID/N#: _____ Contracts Completed: _____

Requesting for: ___ Fall Term ___ Spring Term Academic Year _____

Have you applied for disability housing accommodations in the past? ___ Yes ___ No
If yes, when and what was the outcome.

Please identify your disability and provide a personal statement describing your need for a housing accommodation or alternate meal plan.

Please sign below documenting that you have read SDS's guidelines for housing accommodations and documentation of disabilities.

Signature: _____ Date: _____