Office of Residence Life
Disability Accommodation Request Form

The University of Wisconsin-Green Bay ("UW-Green Bay" or the "University") recognizes the importance of providing reasonable accommodation in its housing policies and practices where necessary for students with disabilities to use and enjoy University housing. A reasonable accommodation is an exception to the usual rules or policies that a resident with a disability may need to have equal opportunity to use and enjoy University housing.

Please complete this form and return it to the Office of Residence Life no fewer than 60 days before you intend to move into University housing. You may return the form by regular mail, fax, or email to:

UW-Green Bay
Office of Residence Life
2420 Nicolet Drive
Green Bay, WI 54311

Phone: 920-465-2040
Fax: 920-465-2771
email: housing@uwgb.edu

Please answer the following questions:

Name of Student/Resident (print): ______________________________________________________

Student ID:

Assigned Housing Unit:

Reasonable Accommodation(s) requested: (Please add additional pages if necessary)

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Please identify your disability, and why you believe the accommodation is necessary:

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In circumstances where either your disability and/or requested accommodation is not obvious, you must provide a verification from a reliable third-party (e.g., a physician or other medical professional) establishing that you have a disability and that the accommodation is necessary to provide you an equal opportunity to use and enjoy University housing. Please identify the person that can provide such a verification, if necessary.

Name: _______________________________________________________________________________

Title: ______________________________________________________________________________

Address: _____________________________________________________________________________

Telephone: ___________________________________________________________________________

Signature of Resident: ___________________________________________________________________

Date: _______________________________________

This signature authorizes the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy University housing.