



Philadelphia University  
School House Lane and Henry Avenue  
Philadelphia, PA 19144

Disability Services Office  
Phone: 215-951-6830  
Fax: 215-951-2770

**FORM #1**  
**Student Request for Special Consideration in Residence Life**  
To be completed by student.

Please send to Hannah Bar-Giora, Director of Disability Services.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID or Social Security: \_\_\_\_\_ Email: \_\_\_\_\_

Local Address: \_\_\_\_\_  
\_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Local/Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please check the following:

- Incoming Freshman: \_\_\_ Transfer Student: \_\_\_ Returning Student: \_\_\_
- Male: \_\_\_ Female: \_\_\_

Semester(s) for which you are requesting accommodations:

Fall \_\_\_ Spring \_\_\_ Academic Year 200\_\_ - 200\_\_

*Requests for housing accommodations must be submitted each academic year the student plans to live on campus. Philadelphia University reserves the right to request updated documentation as necessary.*

Please describe the condition for which accommodations are being requested.

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Please provide a description of the requested accommodation(s).

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The student agrees that information provided in relation to this request may be reviewed as necessary by appropriate Philadelphia University staff to determine eligibility for accommodations. Additionally, the student grants permission for professional providers to share information as requested by University staff.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_