**MARQUETTE UNIVERSITY**

**Office of Residence Life Special Housing Request**

This form should be completed by any student requesting diagnosis-related housing accommodations. The student, and not a medical provider, should fill out this form. This form applies to a single academic year. Students who need housing accommodations in future academic years are required to submit an updated form annually.

In addition to this form, any student requesting housing accommodations due to a disability diagnosis should also submit documentation verifying diagnosis and housing need, completed by an appropriate medical provider. More information can be found here: <https://www.marquette.edu/disability-services/>

Completed Special Housing Request forms and documentation should be submitted to the **Office of Disability Services**:

 Email: ODS@marquette.edu

 Fax: 414-288-5799

 Mail: Marquette University Office of Disability Services

P.O. Box 1881

Milwaukee, WI 53201-1881

**DATE:** **MUID:**

**LAST NAME:** **FIRST NAME:**

**EMAIL:**  **PHONE NO.:**

**ADDRESS:**

**Request for Academic Year 20\_\_ - 20\_\_**

**Please describe your diagnosis-related housing request(s), including information about the specific accommodations you are requesting and why:**

**If you have any non-diagnosis related preferences, please list them below (such as: roommate, residence hall, etc.):**

For questions, please contact: The Office of Disability Services at ods@marquette.edu or the Office of Residence Life at orl@marquette.edu.