



The Center for Student Success

Accessibility Services

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New Residence Life / Housing Accommodation Application

Today's Date: _____

Student Name: _____ Student ID #: _____

Date of Birth: _____ Husson Email: _____

Student Cell Phone: _____

Permanent Address: _____

Town/City: _____ State: _____ Zip: _____

Semester/Year requesting Housing Accommodation (ex: Fall 2020): _____

Circle One: First Year Sophomore Junior Senior Transfer Grad

What is your disability? Please describe.

How does your disability impact your living on campus at Husson?

What is your accommodation request?

How will your requested accommodation(s) support or mitigate the impact of your disability?