

Western Illinois University Housing Accommodation Request Form

Complete and return this form to Western Illinois University, 1 University Circle, Disability Resource Center, 143 Memorial Hall, Macomb, IL 61455 or fax to 309-298-2361 at least 2 months in advance of semester of entry to ensure timely review and implementation of approved accommodation(s).

STUDENT NAME: _____ STUDENT ID: _____

Please check which of the following housing and related accommodations you are requesting.

Wheelchair accessible room (Please indicate all types of assistive devices used below.)

Electronic wheelchair

Manual wheelchair

Scooter

Other (Describe.) _____

Storage space for assistive equipment (i.e. scooter, manual chair, walker)

Special bed height (Please specify.) _____
.....(Floor to top of mattress).....

Special desk height (Please specify.) _____
.....(Floor to top of writing surface).....

Shower chair

Room on lower level

Single room

Quieter floor/residence hall

Private bathroom

Strobe light alarm system

Tactile indicators for residence hall

Braille signs in residence hall

Other: Please describe _____

Handicap parking (Please check what type.)

Vehicle with lift

Closer parking

If indicated, do you plan to have a car on campus? Yes No

Assistance during emergency evacuation

Assistance from a service animal

Please check all that apply:

I can not open doors without automatic openers.

I can not use a key to open my door.

While I can climb stairs, I can not climb more than _____ flight(s) at a time.