Housing & Dining Accommodation Request Form

If you have a disability and plan to seek housing and/or dining accommodations, you must send documentation of your disability to the Office of Disability Services. All documentation will be kept confidential and separate from your student file. For information on appropriate documentation see the Office of Disability Services website:  [www.oberlin.edu/disability](http://www.oberlin.edu/disability)

**Type of Accommodation Requesting (circle one):**  
[Housing]  [Dining]  [Housing & Dining]

If Dining, have you first spoke with the College’s Dietitian to discuss your needs/concerns?  **PH: 440-775-5522**

<table>
<thead>
<tr>
<th>Please PRINT full legal name</th>
<th>Date</th>
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<tr>
<td>T Number</td>
<td>E-mail address</td>
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1. Describe your disability.

______________________________________________________________________________________________________
______________________________________________________________________________________________________

2. Describe how your disability affects your living and/or eating.

______________________________________________________________________________________________________
______________________________________________________________________________________________________

3. What type of accommodations are you requesting? (See the ResEd website for information on the types of housing and dining that are provided.)

______________________________________________________________________________________________________
______________________________________________________________________________________________________

The student must provide adequate documentation before receiving accommodations.  
(For documentation guidelines see the Elements of Quality document on the ODS website.)

I hereby authorize the Office of Disability Services to receive documentation of my disability. I understand that this information is confidential and will be used as needed to provide accommodations for me at Oberlin College & Conservatory. I understand that the diagnostician may be contacted to provide further information.

I authorize the Office of Disability Services to share information with the Housing & Dining Committee and ResEd as appropriate.

**Signature**  
**Date**