



Learning Access Program Housing Accommodation Request

4FDUJPO * 4UVEFOU *OGPSNBUJPO

Please complete the following information.

Student Name _____

Z# _____

Date of Birth ____/____/____

Cell Phone _____

Are you registered with the Learning Access Program? Yes No*

*If no, you must register with the Learning Access Program and have the Documentation of Diagnosed Disability form completed by your provider prior to applying for housing accommodations. Please call 609.652.4988 to schedule an intake appointment.

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1MFBTF OPUF UIF UFSNT JO XIJDI ZPV XJMM OFFE \$JF R VBFDTUPTN INI P'E B LCJFP O V C)NPJUTUJ IOEH FBEDDI

Fall

Spring

Summer

Academic Year: _____

Please provide a personal statement describing your condition and your need for each of the accommodations that you are requesting
