Request for Special Housing Arrangement

Student Name: ____________________________  UB ID#: __ __ __ __ __ __ __

Email: ____________________@my.bridgeport.edu  Phone: ( __ __ __) __ __ __ - __ __ __ __

NOTE: All written communication will be conducted through the @my.bridgeport.edu email address.

NOTE: To allow for processing, all materials must be submitted at least one (1) month PRIOR to the start of the semester.

Students with a documented short/long term medical condition may request special housing arrangements based on their condition. These requests may relate to having special room assignments (example: 1st floor) or a single room. Students with a Service Animal do not need to provide medical documentation. Please contact the Director of Disability Services at (203) 576-4454 or disabilityservices@bridgeport.edu.

Fill out this request form and attach a letter from your doctor on letterhead stating the following:
1) Your name and Student ID #;
2) Your condition;
3) Most importantly, a statement from your primary physician that it is MEDICALLY NECESSARY because of your condition to provide a specific housing arrangement and an authorization to speak with the Physician;
4) The special request—detailed description;
5) Signature of the primary physician

All materials must be provided to the Office of Housing, Residential Life and Community Standards through one of the following communication methods:

By Mail
490 Waldemere Avenue, rear entrance
Bridgeport, CT 06604

Electronically
f: 203.576.4536
e: reslife@bridgeport.edu

Upon receipt of materials, all materials will be forwarded to either the Director of Student Health Services (for medical requests) or the Director of Counseling Services or the Director of Disability Services (for request involving service animals and/or disability related matters). The University reserves the right to speak with your primary care physician for more details—if needed—to determine the medical necessity of the request, if applicable. Once reviewed, the respective office will issue a recommendation to the Office of Housing, Residential Life and Community Standards regarding the request and a final decision regarding the request submitted by the student will be made.

Description of Special Housing Request

____Single Room  ____Service Animal
____First Floor Assignment  ____Short-Term Need
____Other ______________________________________________

For Office Use Only

Date Received by the Office of Housing, Residential Life and Community Standards: __ __ / __ __ / __ __

Recommendation of Student Health Services/Disability Services: ________________________________

Date __ __ / __ __ / __ __