



700 E Broadway
Monmouth, IL 61462
309-457-2113
309-457-2363 (fax)

Special Needs Housing Request Form (Part 1)

To be filled out by student

Last Name, First and Middle

Monmouth College Student ID #

Home Address

Cell Phone

Campus Box

Class Year

Monmouth College Email

Semester(s)/Year Room Requested (check both semesters if applicable)

_____ Fall

_____ Spring

_____ Year

What is your documented disability?

As a result of your disability, what are your housing needs?

Please note addition preferences (i.e. roommates, buildings, etc.*).

* Consideration will be given to individual preferences but they cannot be guaranteed.

_____ I have included the **Special Needs Housing Disability Documentation Form** with this application.
(This form must be filled out by the health professional who oversees the disability)

NOTE: We must receive the **Special Needs Housing Disability Documentation Form** before making a decision about your request.

Student Signature (To be signed by parent if student is under age 18)

Date

Return to:

Office of Residence Life & Housing
Monmouth College
700 East Broadway
Monmouth, IL 61462
Fax: 309- 457-2363