



Student Support Services

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Student Housing Accommodation Form

Name: _____ MaineStreet ID# _____.

Date of Birth: _____ UMPI email address: _____.

Cell Phone: _____ Home Phone: _____.

Permanent Address: _____.

City: _____ State: _____ Zip: _____.

Semester/ Year for which housing is requested: _____.

Please describe your disability in your own words.

How does your disability affect your living in the residence hall?

What accommodation(s) are you requesting in campus housing for your disability?

How will your requested accommodation(s) support or mitigate the impact of your disability?

Signature: _____ Date: _____.

Note: Please do use the back of this form or attach additional responses as necessary.