



P.O. Box 158
 Scooba, MS 39358
 Scooba, MS 39358
 662.476.5443 (phone)
 662.476.8885 (fax)
 www.eastms.edu/housing

HOUSING ACCOMMODATION REQUEST FORM
(Based on Disability or Medical Need)

Priority Deadline: Fall – July 1st Spring – December 1st

Students with a medical condition that requires them to live alone can request a single room by notifying EMCC’s Office of Disability Support Services (DSS) by submitting this form. Decisions on single room requests will be made on a case by case basis. As part of DSS’s intake process, you may be asked to complete additional forms or submit documentation from your health care provider to support your request.

Return this form and supporting documentation via one of these methods:

Mail: Disability Support Services, P.O. Box 158, Scooba, MS 39358

Fax: 662.476.8885

Email: rjohnson@eastms.edu, subject “Housing Accommodation Request”

Student’s Name (print):	Campus ID:	
Student’s Cell Phone Number:	Street Address:	
EMCC E-Mail Address: @lions.eastms.edu	City:	
Term of Entry (circle one): Fall Spring Summer Year:	State	Zip Code

Please provide a detailed description of your accommodation request.

Student Signature		Date
<i>For Office Use Only</i>		
Initial and Date once Completed	<i>Route to DSS</i>	TIME STAMP
	Enter into Spreadsheet	
	Notify student of decision	
	Route to the Housing Department	
	Update spreadsheet with decision	