

## **Housing Accommodation Request Form**

To be completed by the student. Please print and return to the Housing Office or mail to: Murray State College Resident Housing, One Murray Campus, Tishomingo, OK 73460

|   |                        | -                |                       |  |
|---|------------------------|------------------|-----------------------|--|
| Last Name                                       |                        | First Name       |                       | MI   |
| Male  | Female                 | Age              | e Email Address       | i  |
|   |                        |                  |                       |  |
| Mailing Address:                                |                        |                  |                       |  |
| P.  | .O. Box or Street Ad   | ldress           |                       | Home Phone   |
| <del>-</del>                                    | ity, State and Zip     |                  |                       | Cell Phone   |
| G.  | ity, State and Zip     |                  |                       | Cell I none  |
| Please list specific hous accommodations are no | _                      |                  |                       | al sheets as necessary. If A.D.A. at 580-319-0316. |
| Request:  |                        |                  |                       |  |
|   |                        |                  |                       |  |
|   |                        |                  |                       |  |
|   |                        |                  |                       |  |
|   |                        |                  |                       |  |
| Justification                                   |                        |                  |                       |  |
|   |                        |                  |                       |  |
|   |                        |                  |                       |  |
|   |                        |                  |                       |  |
|   |                        |                  |                       |  |
| (To be signed by student a                      | age 18 or older. To b  | e signed by pare | nt or guardian if stu | ident is under age 18)                             |
| Signature                                       |                        |                  | _                     | Date   |
| Approved  | Bottom Po<br>Not Appro | = =              | roving Offices Onl    | y  |
| Director of Resident Lit                        | <br>fe                 | Vic              | e President of Stu    | dent Affairs                                       |