

# CLARION UNIVERSITY

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## RESIDENCE LIFE

### **ADA Non-Retainable Space Agreement**

**2019-2020 Academic Year**

My initials and signature on this form indicate that I understand the following:

\_\_\_\_\_ I understand my current or upcoming room assignment is designated as an ADA (American's with Disabilities Act) space that has been designated for students with special needs.

\_\_\_\_\_ I understand that at this point in time I am permitted to select this space. However, I understand that I can be reassigned to a new space if my current space is needed to accommodate a student with special needs or at the discretion of the university. The new assignment will be based on the available spaces at the time of reassignment.

\_\_\_\_\_ I understand that my current space is NOT available to be retained during the room retention period of the housing application process for the next academic year.

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Student's Signature

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Date

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Student's Full Name (printed)

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Student ID Number