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.

_________________________________________  ___________________________
Student’s Signature                                      Date

_________________________________________
Student’s Full Name (printed)

_________________________________________
Student ID Number