## MARQUETTE UNIVERSITY Office of Residence Life Special Housing Request (Please return form and physician's verification to: Marquette University Office of Disability Services, Special Housing Request, P.O. Box 1881, Milwaukee, WI 53201-1881)

Date:	
Last Name:	First Name:
Email:	Phone No.:
Address:	
Describe the nature of your special housing need	(including requested room type or building type):
Please attach physician's verification to this form address of your physician.	and list below the name, phone number, and
Last Name:	First Name:
Phone No.:	
Address:	