

**Ithaca College  
Office of Residential Life**

**TRANSGENDER HOUSING REQUEST**

Ithaca College assigns roommates who are of the same biological sex. If you identify as a transgender student and would like to request special consideration for your housing assignment, please fill out the information below.

**Consultation/Evaluation**

- Students who are making a transgender housing request must also contact the Coordinator for the Center of Lesbian, Gay, Bisexual & Transgender Education, Outreach and Services so that information can be gathered regarding the student's individual circumstances.
- The request will be reviewed by the Office of Residential Life in consultation with Coordinator for the Center for Lesbian, Gay, Bisexual & Transgender Education, Outreach and Services. Each request will be reviewed individually and with a commitment to providing housing that best meets the needs of the student.

**Housing**

- During winter and summer breaks, the Assistant Director for Housing Services and Communication will contact you regarding available housing options that might best meet your needs. During other in-class periods, the Assistant Director for Housing Services and Communication will contact you to arrange a meeting concerning available housing options.

Name: _____	I.D. Number: _____	
Current On-Campus Address: _____	Home Address: _____	Sex: _____
Phone: _____	Phone: _____	Gender: _____
E-Mail: _____	E-Mail: _____	

1. I am making the following housing request (check all that apply):

_____ single room*	_____ private bathroom *	_____ other (please explain)
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\* At additional cost above that of a standard double room.

2. I am requesting this type of housing as of (date or semester): \_\_\_\_\_

3. This request is the for the remainder of the time I reside in on-campus housing: \_\_\_\_\_ Yes \_\_\_\_\_ No

4. I am a \_\_\_\_\_ Non-Smoker \_\_\_\_\_ Non-Smoker who will live with a smoker \_\_\_\_\_ Smoker

"I have reviewed this application and I wish to make a Transgender Housing Request. I have contacted the Coordinator for the Center of Lesbian, Gay, Bisexual & Transgender Education, Outreach and Services and give my consent to the Coordinator for the Center for Lesbian, Gay, Bisexual & Transgender Education, Outreach and Services to review these materials and make a recommendation to the Ithaca College Office of Residential Life regarding this request. "

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please mail this form to:**  
Residential Life or fax to 607-274-1589  
2001 East Tower  
Ithaca, NY 14850

**Contact Information for Center for LGBT Education, Outreach and Services:**  
150 J. David Hammond Center  
Ithaca, NY 14850  
(607) 274-7394

----- Office Use Only Below This Line -----

\_\_\_\_\_  
Residential Life Signature

\_\_\_\_\_  
Date

**Coordinator for the Center for LGBT Education, Outreach and Services Recommendation:**

\_\_\_\_\_  
Reviewer's Signature

\_\_\_\_\_  
Date