

**Ithaca College  
Office of Residential Life  
TRANSGENDER HOUSING REQUEST**

**We are happy to meet your housing needs, regardless of whether you decide you fill out this request form. By filling out this form, Residential Life will be prompted to reach out to you before each housing selection to offer assistance with the selection process. Give us a call in January or February of each year if you would like to talk about housing for the next academic year, if you decide not to fill out this form.**

**Consultation/Evaluation**

You may want to consider contacting the Program Director, Center for Lesbian, Gay, Bisexual & Transgender Education, Outreach, and Services so that we can build a relationship with you and help direct you to resources on campus.

The request will be reviewed by the Office of Residential Life. 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 housing staff from Residential Life will contact you regarding available housing options that might best meet your needs. During other in-class periods, the housing staff will contact you to arrange a meeting concerning available housing options.

**Name:** \_\_\_\_\_ **I.D. Number:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

<p>I am a:</p> <p><input type="checkbox"/> a New First Year Student</p> <p><input type="checkbox"/> a New Transfer</p> <p><input type="checkbox"/> A Continuing Student</p>	<p>I want to live in (please rank)</p> <p>___ Emerson     ___ Towers</p> <p>___ Gardens     ___ Lower Quads</p> <p>___ Circles     ___ Upper Quads</p> <p>___ Terraces</p>	<p>I feel most comfortable in room that is (check all that apply):</p> <p>___ Single     ___ Coed-by-Door</p> <p>___ Double     ___ Female Floor</p> <p>___ Triple     ___ Male Floor</p> <p>___ Private Bathroom</p>
<p><b>View room rates at <a href="http://www.ithaca.edu/finaid/tuition/">http://www.ithaca.edu/finaid/tuition/</a></b></p>		
<p>Do you have a roommate identified     ___ Yes     ___ No</p>		
<p><b>If yes:</b> Roommate Name _____</p>		<p>Roommate Ithaca College ID: _____</p>
<p>Roommate Signature: _____</p>		
<p><b>If no</b> and you are requesting a double or triple room, what gender roommate do you prefer? _____</p>		

"I have reviewed this application and I wish to make a Transgender Housing Request. I understand filling out this form is voluntary and The Office of Residential Life will accommodate my housing needs, regardless of whether I decide to fill out this form. I understand the Office of Residential Life may consult with the Program Director, Center for Lesbian, Gay, Bisexual & Transgender Education, Outreach, and Services regarding this request. "

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

\_\_\_\_\_  
Date

**Please mail this form to:**

Ithaca College  
**Center for LGBT Education, Outreach and Services**  
Room B-16, Lower Level, Hammond Health Center  
953 Danby Rd  
Ithaca, NY 14850  
(607) 274-7394

OR

Ithaca College  
**Office of Residential Life**  
2001 East Tower  
953 Danby Rd  
Ithaca, NY 14850  
(607) 274-3141

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date