DIVISION OF CAMPUS AND COMMUNITY ENGAGEMENT

THE UNIVERSITY OF TEXAS AT AUSTIN

Disability and Access · 100 West Dean Keeton St. A4100 · Austin, TX 78712-1093
community.utexas.edu/disability/ · (512) 471-6259 · FAX (512) 475-7730 · VP (512) 410-6644

Verification Form for Housing and Dining Accommodations

Student's Name:_____**EID**_____

Email:_____ **Phone:**_____

I authorize the University of Texas of Austin-Disability and Access to receive information from my provider (name)_____. I also authorize my provider to discuss my condition(s) with the appropriate and qualified University of Texas at Austin personnel on an as needed basis.

Student Signature:_____ Date:_____

In order to determine reasonable accommodations for housing and/or the associated dining plan, the University of Texas at Austin requires current and comprehensive documentation of the student's condition from a licensed clinical professional or health care provider who is familiar with the student and their diagnose disability and the impact it has on their functioning. *The provider completing this form cannot be a relative of the student.* If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information.

This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student's condition(s).

1) Date of Initial Contact with Student: _____
2) Date of Last Office Visit with Student: _____
3) ***Diagnosis:*** Please list all relevant diagnoses. If applicable, please list all DSM 5 or ICD Diagnoses (text and code):

_____

_____

4) Approximate onset of diagnosis: _____/_____/_____

Severity of symptoms
- o mild
- o moderate
- o severe

Prognosis of disorder:
- o good
- o fair
- o poor

5) Describe the symptoms related to the student's condition that cause **significant** impairment in a major life activity.

_____

_____

_____

_____

6) Please list the specific accommodation(s) you recommend to provide the student with equal access to campus housing and/dining:

_____

_____

7) Please explain why the housing or dining accommodation(s) listed above are necessary to provide this student with equal access to their living/dining experience on our campus based on the impact of their disability. There must be an identifiable relationship between the student's disability and the accommodation being requested.

_____

_____

_____

_____

Thank you for your help in providing this information. Please complete the provider information below. This form should be signed and returned via fax or mail to the D&A office at the address shown at the end of this document.

All documentation submitted to D&A is considered confidential.

Provider Information

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

Signature: _____ Date: _____

Print Name and Title: _____

State of License: _____ License Number: _____

Address: _____

Phone: _____ Fax: _____

Please return this form to:
The University of Texas at Austin
Division of Campus and Community Engagement
Disability and Access
100 W. Dean Keeton St. A4100
Austin, TX 78712-0175
Phone: (512) 471-6259
Email: access@austin.utexas.edu
Fax: (512) 475-7730
VP: 512-410-6644

Attach Provider Business Card Here