



DISABILITY AND ACCESS

THE UNIVERSITY OF TEXAS AT AUSTIN

100 West Dean Keeton St. A4100 · Austin, TX 78712-1093  
disability.utexas.edu · (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

- ☐ mild
- ☐ moderate
- ☐ severe

Prognosis of disorder:

- ☐ good
- ☐ fair
- ☐ poor

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

\_\_\_\_\_  
\_\_\_\_\_

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

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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.

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*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 Student Affairs  
Disability and Access  
100 W. Dean Keeton St. A4100  
Austin, TX 78712-0175  
Phone: (512) 471-6259  
Email: [access@austin.utexas.edu](mailto:access@austin.utexas.edu)  
Fax: (512) 475-7730  
VP: 512-410-6644

***Attach Provider Business Card Here***