

## Reasonable Accommodation Verification Form: Housing/Dining Accommodations

The student named below is requesting accommodation(s) based on a documented disability as defined under the Americans with Disabilities Act (ADA). In order to fully consider this request, as well as to ensure the provision of reasonable accommodations, the University requires documentation of disability prepared by a qualified professional. A qualified professional is defined as an individual who is licensed or is a formally recognized expert in the medical, psychological, and/or educational field with the authority to make diagnoses and/or recommendations in their specific field of practice.

After completing this form, please fax or email it to the DRC fax number or email address listed above. The information you provide will not become a part of the student's educational records but will be kept in the student's confidential file in the DRC.

1. Name of Student: \_\_\_\_\_
2. Student Date of Birth: \_\_\_\_\_
3. Student Signature/Date: \_\_\_\_\_
4. Date of Diagnosis: \_\_\_\_\_ Date of last visit: \_\_\_\_\_
5. ICD 10 or DSM-5 diagnoses:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please indicate your recommendations for housing/dining accommodations