Verification Form for Housing and Food Accommodations

Student’s Name: ___________________________________ EID ___________________

I authorize the University of Texas of Austin-Services for Students with Disabilities 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. 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: ______/_______/_______

<table>
<thead>
<tr>
<th>Severity of symptoms</th>
<th>Prognosis of disorder</th>
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<tbody>
<tr>
<td>o mild</td>
<td>o good</td>
</tr>
<tr>
<td>o moderate</td>
<td>o fair</td>
</tr>
<tr>
<td>o severe</td>
<td>o poor</td>
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</table>

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

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

DIVISION OF DIVERSITY AND COMMUNITY ENGAGEMENT
THE UNIVERSITY OF TEXAS AT AUSTIN

Services for Students with Disabilities • 100 W. Dean Keeton St. A4100 • Austin, TX 78712-0175
www.ddce.utexas.edu/disability (512) 471-6259 • FAX (512) 475-7730 • VP (866) 329-3986
6) Please state the specific recommendations regarding housing and/or the associated dining plan, and a rationale as to why these housing or dining needs are warranted based upon the student’s disability. Indicate why the change(s) to the housing or dining environment you recommend are necessary.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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 SSD office at the address shown at the end of this document.

All documentation submitted to SSD 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 Diversity and Community Engagement
Services for Students with Disabilities
100 W. Dean Keeton St. A4100
Austin, TX  78712-0175
Phone: (512) 471-6259
Fax: (512) 475-7730
VP: (866) 329-3986

Attach Provider Business Card Here