



DIVISION OF DIVERSITY AND COMMUNITY ENGAGEMENT

THE UNIVERSITY OF TEXAS AT AUSTIN

Disability and Access • 100 W. Dean Keeton St. Stop A4100 • Austin, TX 78712-1093  
<http://diversity.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

- 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 Diversity and Community Engagement  
Disability and Access  
100 W. Dean Keeton St. A4100  
Austin, TX 78712-0175  
Phone: (512) 471-6259  
Fax: (512) 475-7730  
VP: 512-410-6644

***Attach Provider Business Card Here***