VERIFICATION OF DISABILITY FOR HOUSING ACCOMMODATION

The Office of Residence Life provides accommodations to students with documented disabilities. To determine eligibility for housing accommodations, the university requires current and comprehensive documentation of disability from a qualified health professional currently treating the student.

Please Print Legibly

Student Name: ____________________________________________________________

Date Completed: _____/_____/______  Student’s Date of Birth _____/_____/_______

1. Disability (DSM-5 or ICD-10): ____________________________________________

2. Date of diagnosis: _____/_____/______
   First contact with student _____/_____/______  Last contact with student: _____/_____/______

3. What is the severity of the disability? Please check one:
   □ Mild  □ Moderate  □ Severe
   Explain Severity: ____________________________________________________________

4. Please list and describe the major life activities/functional limitations that are significantly impacted by the disability.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. Please identify the measures (e.g. prescriptions, treatment, therapy, etc.) the student is using to mitigate the limitations caused by their disability. Explain how the mitigating measure(s) eliminates the substantial limitations.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
6. What accommodations are reasonable and necessary to allow the student to participate in the living environment on campus?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

7. Please explain how the housing accommodation is necessary for the student to use and access university housing as compared to a person without a disability?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

8. Is there other information that you would like to share that would support this recommendation?

____________________________________________________________________________________

*Please attach additional appropriate documentation as desired.

Provider Information

*With student permission, the Residence Life Assistant Director - Operations may contact you for additional information regarding your recommendations.

Signature: __________________________________________ Date: __/__/____

Print Name and Title: _____________________________________________________________

License or Certification #: _______________________________________________________

Office Address (street, city, state and zip code):

____________________________________________________________

____________________________________________________________

____________________________________________________________

Office phone: (____)-_______-___________

FAX Number: (____)-_______-___________

Return to:

UW – Green Bay
Residence Life
2420 Nicolet Dr.,
Green Bay, WI 54311

920-465-2040
FAX: 920-465-2771
EMAIL: HOUSING@UWGB.EDU

It is recommended that all requests must be made at least eight weeks prior to the start of the semester.