



## 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.***