UNIVERSITY of WISCONSIN
GREEN BAY

VERIFICATION OF DISABILITY FOR HOUSING ACCOMMODATION

Student Accessibility Services 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 resulting impact to major life activities? Please check one:

Major Life Activity	None/Unknown	Mild	Moderate	Severe
Caring for oneself				
Performing manual tasks				
Seeing				
Hearing				
Eating				
Sleeping				
Walking/Standing				
Lifting/Carrying/Bending				
Working				
Speaking				
Breathing				
Concentrating				
Thinking				
Learning				
Other				
Other				
Other				

4. Please explain severity: _____
   _____
   _____

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5. Is this diagnosis/condition considered temporary (<6 month duration)?_____

6. Are there any other factors that contribute to the student's need for the requested accommodation?

_____

_____

_____

7. 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.

_____

_____

_____

8. What accommodations are reasonable and necessary to allow the student to participate in the living environment on campus?

_____

_____

_____

9. 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?

_____

_____

_____

_____

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

_____

_____

*Please attach additional appropriate documentation as desired.

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Provider Information

With student permission, Housing and Student Education - Assignment Coordinator 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
Student Accessibility Services
2420 Nicolet Dr., SS 1700
Green Bay, WI 54311

920-465-2841
FAX: 920-465-2191
EMAIL: SAS@UWGB.EDU

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