



Please identify your disability and why you believe the accommodation is necessary because of your disability:

The ASC requests verification from a reliable third-party (e.g., a physician or other medical professional) establishing that you have a disability and that the accommodation is necessary to provide you an equal opportunity to access University housing. Please identify the person that can provide such a verification. A copy of your completed Accommodation Request Form for University Housing will be shared with the indicated third party. *All fields are required.*

Name: _____

Title: _____

Address: _____

Telephone: _____

Fax: _____

Signature of Resident: _____

Date: _____.

This signature authorizes the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy University housing.

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