



CENTER FOR ACADEMIC SUCCESS STUDENT ACCESSIBILITY SERVICES

UVM Residential Life Housing Accommodation Request Form

The University of Vermont (UVM) supports students seeking accommodation for disabilities, including disability-related housing accommodations. Housing accommodations are available for students with disabilities that require accommodations for equal access in the on-campus living environment.

Students who wish to receive disability-related housing accommodations must have this form completed by a qualified health care provider, which may be a certified physician, other diagnosing medical professional, or specialist (such as, but not limited to: an MD, audiologist, neurologist, endocrinologist). The individual completing this form must have first-hand knowledge of the student's condition and will be an impartial professional who is not related to the student.

Once this completed form is received, the ADA Housing Committee will review this request to determine whether or not the request is reasonable or appropriate. The review process can take up to 14 business days.

If a student is determined as eligible for a housing accommodation, they will be placed on a prioritized waitlist dependent on Residential Life availability. For returning students, the deadline to request a housing accommodation for the following academic year is February 25th. For first time first year students and transfer students, the deadline to request a housing accommodation for the upcoming academic year is June 1st. Students who are determined as eligible for a housing accommodation before their corresponding deadline will have their accommodations prioritized. Students determined as eligible at any point after the housing deadline has passed may find that their accommodation(s) are not be available in a timely manner as housing options could be limited. However, these requests will be prioritized over other, non-disability related housing requests.

Disability needs will take priority over specific residence hall, Learning Community and/or roommate requests.



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Permission to release information to the University of Vermont

Student Information (This section to be completed by student):

Name: (please print) _____ Date: _____

UVM Student #: 95 _____ Semester/Year Request is for: _____

Phone: _____ Email: _____

Please describe the specific essential housing accommodations that are needed due to disability: _____

Specify the medical or psychological disability and how it impacts you in university housing.

Student (Please sign this form before providing it to your health care provider to complete):

By signing below, I consent to allowing my health care provider to share any information relevant to my need for accommodations, as shown on this form, with relevant SAS staff for the next 60 days.

Signature: _____ Date: _____



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*******TO BE COMPLETED BY A CERTIFIED PROFESSIONAL***** VERIFICATION OF DISABILITY-RELATED NEED FOR HOUSING ACCOMMODATIONS to be completed by the current diagnosing professional (please type or print legibly):**

1. When did you first meet with the student regarding this disability? _____
2. When did you last interact with the student regarding this disability? _____
3. How many times have you met with the student regarding this disability? _____

4. Diagnoses (Please use DSM-5 diagnosis and code, if applicable):

Primary Diagnosis and Code: _____

Secondary Diagnosis and Code: _____

Tertiary Diagnosis and Code: _____

5. How did you arrive at your diagnosis? Please check all that apply.

Behavioral Observation

Developmental History

Educational History

Medical history

Clinical Interview (Structured or Unstructured)

Interviews with others

Rating Scales (Please Specify Types : _____)

Neuropsychological or Psychoeducational Testing (Dates of testing : _____)

Other (Please Specify : _____)

6. What specific symptoms/functional limitations might impact the student in **university housing?**

7. Please list and specify how severe the symptoms/functional limitations are as well as the frequency/duration of the symptoms.

8. What is the expected duration of this condition? _____

9. Are there any situations or environmental conditions that might lead to exacerbation of the condition? _____

10. What accommodations are recommended to mitigate the impact of the functional limitations by providing equitable access? **Include a rationale relevant to this student's functional limitations.**

11. Please explain the health impact if the recommended housing accommodations are not met.

12. Describe any currently prescribed medication, including dosage, side effects, and effectiveness.

13. What is the student's compliance with these interventions?

Provider Information:

Provider Name (Print): _____

Provider Signature: _____

Type of License: _____ Licensure State: _____

License #: _____

Address: _____

Phone: _____ Fax: _____

This document may not be released without written permission from the student or by order of a court. It will be destroyed seven years after the student is no longer enrolled at the University.

This form should be returned to Student Accessibility Services via mail, email or fax.

Student Accessibility Services
Center for Academic Success
633 Main Street A170 Living/Learning Building
The University of Vermont
Burlington, VT 05405-0365
Phone: (802) 656-7753
Fax: (802) 656-0739
Email: access@uvm.edu
Office Hours: Monday through Friday from 8:00 A.M. to 4:30 P.M

Effective date: 3/22/2021
Last updated: 02/17/2023