

Verification of Need of a Housing Accommodation

Student Name _____ Birthdate: _____

I am requesting a housing accommodation through the Student Disability Services (SDS) at UCSF. Current documentation of my disabling condition is required as one of the criteria used to evaluate my eligibility for disability related accommodations or services. Please respond to the following questions as soon as possible and return to me or send to SDS by email. I authorize the Student Disability Services at UCSF to contact you if clarification is needed.

Student Signature _____ Date _____

Mental Health Provider name (print) _____

Title _____

Phone _____ Fax _____

Organization & address _____

The area below must be completed by the Health Care Professional listed above

1. Is this individual currently under your care? Yes No
 - a. If so, when did you last see him/her?

2. Does this individual have a qualifying disability that impacts one or more major life activities? Please do not state a specific diagnosis. Yes No

3. What are the client’s current functional limitations that would affect them in student housing?

LIMITATIONS	LEVEL OF SEVERITY				
	Mild	Moderate			Severe
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

