DISABILITY DISCLOSURE

This form is for use by incoming or current residents who have a diagnosed and documented disability. Submit the completed form to the UC Davis Student Housing office.

☐ Visual or Hearing Impairment
☐ Mobility Impairment
☐ Chronic Medical Condition
☐ Mental Health Condition
☐ Food Allergies or Medical Dietary Restriction

Date: ___________________________  Student ID: ___________________________

Resident Name: ___________________________

LAST ___________________________ FIRST ___________________________ M.I. ___________________________

Preferred Gender Pronouns:  ☐ she/her/hers  ☐ he/him/his  ☐ they/them/their ☐ Other: __________

Email Address: ___________________________

Phone Number: ___________________________

Housing Type:  ☐ Residence Halls (Freshman)  ☐ SHA (Transfer)  ☐ Solano Park (Graduate / Family)

Disability or Health Condition you are disclosing: ___________________________________________

________________________________________________________________________________

Is your condition:  ☐ Temporary   ☐ Permanent

If you are requesting Housing/Dining accommodations, please explain what you are asking for and why:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
INFORMED CONSENT FOR RELEASE OF INFORMATION

This release will remain in effect while you are a resident of University housing.

I, ____________________________________________, the resident or applicant, acknowledge that I have filled out the information on this form. I certify that the information I am submitting is true and correct. I understand that any false information filed in connection with this request may result in rescinding of any accommodations and/or referral to Student Judicial Affairs.

I authorize University of California Davis Student Housing to discuss my accommodation(s) with applicable administrators, faculty and staff who have a legitimate need for the information on a limited, need-to-know basis, solely for the purpose of evaluating or implementing accommodations for my disability. I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with University policy, except as otherwise required by law.

Signature: ________________________________ Date: ____________________

Disability Disclosures are received by the Accommodations Specialist. UC Davis Student Housing & Dining Services attempts to honor all requests for disability-related accommodations. If additional information is necessary, the resident will be contacted directly.

Submit the accommodation documentation in person, by fax, scan & email, or by mail to:

specialaccom@ad3.ucdavis.edu
Fax: 530-752-4345
University of California Davis
One Shields Ave, 160 Student Housing
Davis, CA 95616-8712
ATTN: Special Housing Assignments