



**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**