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/theirs  □ Other: ______________

Email Address: ____________________________________________  Phone Number: ____________________

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

Are you disclosing a disability or health condition?: ________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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