



STUDENT HOUSING AND DINING SERVICES
ONE SHIELDS AVENUE
DAVIS, CALIFORNIA 95616-8571

HEALTH CONDITION DISCLOSURE / REQUEST FORM

This form is for use by incoming or current residents who have a diagnosed and documented health condition or disability. It is for use only in UC Davis Student Housing & Dining Services.

Date:

Resident's Full Legal Name:

Student ID:

Preferred Name:

Pronouns: she/her/hers he/him/his they/them/theirs Other:

Email Address:

Phone Number:

Housing Type:

Residence Halls (Freshman)

The Green (Returning & Transfer Students)

Solano Park / Primero Grove (Family & Graduate Housing)

Rapid Rehousing Program

Services and/or assistance offered by Student Housing & Dining Services are determined on a case-by-case basis. We recommend that you be as descriptive as possible regarding your request and how it relates to your disclosed condition and functional limitations.

Are you disclosing a disability or health condition?:

Please describe:

Is your condition: Temporary Permanent

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

If your requested accommodation is not available, what alternative(s) may work for you?:

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 & Dining Services 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:

Submit this documentation in person to the Student Housing office in the Housing Administration Building, or scan & email to: specialaccom@ad3.ucdavis.edu

Health Condition Disclosures are received by the Accommodations Specialist. Submission of a request does not guarantee an accommodation; however, UC Davis Student Housing & Dining Services attempts to honor all reasonable requests for disability-related assistance.

Residents will be contacted directly via email in regards to their request, and may be asked for additional information and/or expected to participate in an interactive process with Student Housing & Dining Services Special Accommodations staff.

Requests may take an extended period of time for processing and response during certain seasons. If you have not received a response to your request after 20 business days [from date of submission], please contact Special Accommodations to follow up on the status of your inquiry.