



Residential Life Housing Accommodation Request Form

****TO BE COMPLETED BY HEALTH CARE PROVIDER****

DEADLINES AND COMPLACEMENT EXPECTATIONS

Deadlines for submitting housing accommodation requests:

- Returning Students for the following academic year: February 25
- First



What is the expected duration of this condition

Describe any situations or environmental conditions that may exacerbate the condition.

What housing accommodations do you recommend for equitable access? Include your rationale relevant to this student's functional limitations.

Describe the health impact if the recommended housing accommodations are not met.

List relevant medications currently prescribed. Include the dosage, side effects, and effectiveness of each.

Describe the student's compliance with treatment interventions.



Name and credentials of provider: _____

License number and state: _____

Associated organization: _____

Address: _____

Phone number: _____

Signature: _____ Date: _____

Submit this completed form to Student Accessibility Services (SAS) in one of the following ways:

Email: access@uvm.edu

Fax: 802-656-0739

Mail: Student Accessibility Services, UVM, 633 Main Street 10A Living/Learning, Burlington, VT 05405

Uploaded directly by student <https://myaccess.uvm.edu/ClockWork/user/student/files.aspx>

Questions? Call Student Accessibility Services 802-656-7753