



## Request for UTSA Housing/Dining Accommodations

**INFORMATION FOR LICENSED PROFESSIONAL/PLEASE NOTE:** The person whose name appears below has applied for disability services/accommodations with Student Disability Services (SDS) at the University of Texas at San Antonio (UTSA). In order for SDS to establish whether this student has a disability and to determine eligibility for services, we will need your clinical assessment/diagnosis of this student. A disability is defined as a physical or mental impairment that substantially limits one or more major life activity such as those delineated below.

The University of Texas at San Antonio requires current and comprehensive documentation of the student's condition from a licensed clinical professional or health care provider who is familiar with the student and their diagnosed disability and the impact it has on their functioning. The provider completing this form cannot be a relative of the student. Student Disability Services is requesting the following information so that we may better evaluate the student's request for accommodation(s) in housing.

### To be completed by the student:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

UTSA Student ID Number (8 digits) @ \_\_\_\_\_ Date \_\_\_\_\_

Indicate your assigned UTSA Housing:    \_\_\_ Alvarez Hall    \_\_\_ Chisolm    \_\_\_ Chaparral Village  
    \_\_\_ Guadalupe    \_\_\_ University Oaks    \_\_\_ Laurel Village

### To be completed by licensed professional:

1. Indicate the DSM and/or ICD Diagnosis (es) with specifiers, and a description of specific symptoms the student **currently** experiences (include date diagnosed and duration of treatment)

2. Based on the above diagnosis, describe the housing barriers and/or functional limitations related to the diagnosis that currently cause significant impairment in a major life activity related to student's housing arrangements (e.g. sleeping, eating, caring for oneself, etc.)

3. Please outline any relevant history related to the student's diagnosis (include date diagnosed and duration of treatment) that may affect the student's housing/living/eating arrangements:

4. (Optional) Please list the specific living/housing/eating accommodation(s) you would recommend for this student based on their current functional limitations:

5. Please explain why the housing or dining accommodation(s) listed above are necessary to provide this student with equal access to their living experience on our campus based on the impact of their disability. (NOTE: There must be an identifiable relationship between the student's disability and the accommodation being requested)

***Provider Information***

Name and Title: \_\_\_\_\_

Under Supervision of (if applicable): \_\_\_\_\_

License #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**University of Texas at San Antonio  
Student Disability Services  
One UTSA Circle, MS 3.01.16  
San Antonio, Texas 78249-0690**

**210-458-4157 (Voice)  
210-591-7318 (Videophone)**