

Is your condition:

Temporary

Permanent

## **CONFERENCE HOUSING: HEALTH CONDITION DISCLOSURE / REQUEST FORM**

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

Date of Reque	st:				
Conference Na	me:				
Name of Campus Contact:					
Contact's Email Address:					
Contact's Phone Number:					
Name of Partic	cipant:				
Preferred Nam	ie:				
Pronouns:	she/her/hers	he/him/his	they/them/theirs	Other:	
Email Address:	:				
Phone Number:					
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:					

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 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.

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