



UNIVERSITY OF CENTRAL FLORIDA

Student Accessibility Services

4000 Central Florida Blvd
Ferrell Commons 185
Orlando, FL 32816

Provider Form for UCF Housing Floor Plan Accommodation Request

To help determine reasonable accommodations, qualified professionals may submit documentation on behalf of students. Base your conclusions on all evidence in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities; etc.). This information will be used in conjunction with the student's self-report to determine reasonable accommodations on an individual basis. Medical information will be considered but is not the definitive information that informs our final decisions. We consider a multitude of factors. A medical provider's recommended accommodation does not automatically bind SAS/UCF to approve the accommodation as being reasonable.

Student's Name:

Student's UCF ID:

Diagnoses for which housing accommodations requested:

When was the student last seen prior to this form being completed?

What functional impact(s) of the diagnosis warrants consideration when living on campus (pain management, physical impact, medical care, mental health impact, etc.)? Please describe the extent/degree of functional impact experienced.

What accommodation(s) does the student need to reduce the impact of their disability to be able to access housing on campus? For each accommodation, how will the accommodation mitigate the impact of the student's disability in housing?

If UCF Student Accessibility Services does not approve the requested accommodation(s), what would be the impact on the student relative to the housing experience?

Name and Credentials of the Provider:

License Number:

Associated Organization:

Preferred Contact Information:

Signature:

Date: