



## Documentation for Disability Related Accommodations in Housing or Dining

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

The student above is requesting a housing or dining accommodation for a disability. Wake Forest University (WFU) requires supporting documentation of the student's disability from the student's treating and licensed clinical professional or health care provider before WFU will consider and provide a reasonable accommodation. A person with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activities which may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

***Failure to complete this form in a timely manner may result delay or prevent WFU from being able to grant the requested accommodation. This form should be completed by a licensed, clinical professional or health care provider. It is not to be completed by the student or a family member.***

**Please provide a description of the student's disability for which a housing or dining accommodation is being requested.**

**When was the disability first diagnosed?**

**When was the student last seen by you for this disability?**

**What procedures and/or assessments were used to diagnose this student's disability? If accommodation is requested for allergies, please provide appropriate testing results indicating how the student's allergies "significantly limit one or more major life activities".**

**In detail, please describe the student's functional limitations as a result of the disability.**

**Please describe the specific accommodation being recommended and explain why the accommodation is suggested, based upon the student's disability.**

**Anticipated duration of need for this housing or dining accommodation.**

*I attest that I am a licensed, clinical professional or healthcare provider treating this student for their disability, and I completed the accommodation request form on behalf of the student I am treating.*

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

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

Printed name: \_\_\_\_\_

**Affix a business card or apply business stamp within this box.  
Documentation is not complete without this information.**

**Completed Documentation for Disability-Related Accommodations  
in Housing or Dining form should be forwarded to:**

**Housing Accommodation Request Committee  
Wake Forest University  
WFU Box 7283  
Winston Salem, NC 27109  
Fax: 336.758.2455  
Email: [lacds@wfu.edu](mailto:lacds@wfu.edu)**