

## Special Accommodation Consideration Form

Name: \_\_\_\_\_ UFV Student ID: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

In addition to requesting special consideration in your online application, you will need to complete the form below.

1. Ensure that you fill out your portion of this form.
2. If citing a medical, psychological/emotional or cognitive issue, please provide all care provider's information. If citing a lifestyle, cultural or religious reason for special consideration, care provider's information is not necessary. We will contact you should we require further information.
3. Note: We will try our best to fulfill your request but we are not in a position to make guarantees

### Licensed Care Provider's Information [to be completed by Care Provider]:

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

Contact #: \_\_\_\_\_ Email: \_\_\_\_\_

Please specify accommodations required:

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Please specify why they are required:

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\_\_\_\_\_  
*Signature of Care Provider*

\_\_\_\_\_  
*Date*

### To be completed by the applicant:

I understand I am responsible to contact UFV Disability Services. YES\_\_\_\_ NO\_\_\_\_

I understand that in order to properly address this request UFV Residence Services may, in confidence, share this information and consult with UFV Disability Services (if appropriate). YES\_\_\_\_ NO\_\_\_\_

All information provided may be confirmed with my care provider. YES \_\_\_\_ NO\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete and send to Residence Services