

Request for Accommodations in University Housing.

	pus housing? If so, please specify building and room numb	er.
No Yes, but do not know w	where I am assigned	
	lding and room number (Specify:)
setting (e.g., strobe alarms, v	ecommodations you are requesting in a university-owned wheelchair accessible housing), if applicable. Assistance Animal Other (Specify below	
Please identify your disability	ty and why you believe the accommodation is necessary be	ecause of
must provide verification professional) establishing th provide you an equal opport attached hereto.) Please iden	er your disability and/or requested accommodation is not ob- from a reliable third-party (e.g., a physician or other at you have a disability and that the accommodation is not tunity to use and enjoy University housing. (The verification tify the person that can provide such a verification, if necessary	er medical ecessary to ion form is
Name:		
Title:		
Address:		
Telephone:		
Disability Services only the request has a disability and/o	the verifier to provide to Kansas Wesleyan University information necessary to verify whether the individual porto evaluate if the reasonable accommodation is necessary ortunity to use and enjoy University housing.	naking the
Student	Date	



Reasonable Accommodation Verification Form for University Housing

Kansas Wesleyan provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy University housing. The enclosed Reasonable Accommodation Verification Form authorizes you to provide the information requested on this form.

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as medication or other treatment or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability.

PLEASE REVIEW THE ENCLOSED REQUEST FOR ACCOMMODATIONS IN UNIVERSITY HOUSING FORM THAT EXPLAINS THE STUDENT'S REQUEST FOR REASONABLE ACCOMMODATION AND THEN ANSWER THE FOLLOWING QUESTIONS:

 Does the resident have a disability under this definition? Yes No
2. Please identify the resident's impairment(s) and describe how each impairment substantiall limits his/her ability to perform a major life activity as compared to most people in the general population:
3. Please identify if the resident is using any measure that mitigates the limitations caused by
his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations.

REASONABLE ACCOMMODATION VERIFICATION FORM

4. Please explain how the accommodation is necessary for the resident to use and enjoy University
housing as compared to a person without a disability.
5. Please identify any other accommodation that may be equally effective in allowing the resident
to use and enjoy University housing:
Name of Verifier:
Position of Verifier:
Address:
Telephone:
Signature of Verifier Date

Please return this signed document to Accessibility Services accessibility@kwu.edu