



Disability Verification for Housing Accommodation Requests

WPI is dedicated to making its programs, services, and activities accessible for students with disabilities. As such, reasonable accommodations are made to provide students with disabilities an equal opportunity to participate in on-campus housing. In addition to the [Housing Accommodation Request Form](#), submitted by students, this verification form may serve as documentation when completed by a qualified professional.

Disability Verification

1. Student's name: _____ Date of Birth: _____

2. The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one of 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 such as walking, talking, hearing, seeing, breathing, etc. The definition also takes into account any mitigating measures, such as medications, treatments, and/or therapies, in which the person is employing that may relieve the substantial limitations. If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability.

Does the above listed student have a disability under this definition? Yes No

3. Student's disability diagnosis(es): _____

4. Please describe the functional limitations that may impact the student within WPI's housing environment:



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5. Please explain the recommended accommodations to allow the student an equal opportunity to participate in on-campus housing and why. _____

6. Is there any additional information that should be considered when reviewing the student's accommodation request: _____

Provider Verification

Name (print) : _____ Position/Credentials: _____

Address: _____ Telephone: _____

Signature: _____ Date: _____

Please send completed form to:

<p>WPI Office of Accessibility Services 100 Institute Road Unity Hall Worcester, MA 01609 P: 508.831.4908 accessibilityservices@wpi.edu</p>
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