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 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 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:

WPI Office of Accessibility Services
100 Institute Road
Unity Hall - 5th Floor
Worcester, MA 01609
P: 508.831.4908
accessibilityservices@wpi.edu

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