



# 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. Along with the housing accommodation request form submitted by students, this form is to serve as documentation from qualified professionals to verify the student’s request for reasonable accommodations.

## 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 will impact the student within the college’s housing

environment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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5. Please explain what accommodations are needed 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><b>WPI Office of Disability Services</b>  100 Institute Road  124 Daniels Hall  Worcester, MA 01609  P: 508.831.4908, F: 508.831.4158  <a href="mailto:disabilityservices@wpi.edu">disabilityservices@wpi.edu</a></p>
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