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. 

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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
Worcester, MA 01609
P: 508.831.4908
accessibilityservices@wpi.edu

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