



Request for Accommodations in University Housing.

Have you requested on-campus housing? If so, please specify building and room number.

- No
- Yes, but do not know where I am assigned
- Yes, and I know the building and room number (Specify: _____)

List the disability-related accommodations you are requesting in a university-owned residential setting (e.g., strobe alarms, wheelchair accessible housing), if applicable.

- None
 - Assistance Animal
 - Other (Specify below:)
- _____
- _____

Please identify your disability and why you believe the accommodation is necessary because of your disability:

In circumstances where either your disability and/or requested accommodation is not obvious, you must provide verification from a reliable third-party (e.g., a physician or other medical professional) establishing that you have a disability and that the accommodation is necessary to provide you an equal opportunity to use and enjoy University housing. (The verification form is attached hereto.) Please identify the person that can provide such a verification, if necessary.

Name: _____

Title: _____

Address: _____

Telephone: _____

This signature authorizes the verifier to provide to Kansas Wesleyan University's Student Disability Services only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy University housing.

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:

1. Does the resident have a disability under this definition?

- Yes
 No

2. Please identify the resident's impairment(s) and describe how each impairment substantially 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:
Student Disability Services
Student Success Center
100 E. Claflin Ave, Salina, KS 67401
bryan.mccullar@kwu.edu
Phone: 785-833-4398