



**REASONABLE ACCOMMODATION VERIFICATION FORM
FOR UNIVERSITY HOUSING**

The University of Nebraska at Kearney (“UNK” or the “University”) 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 Request Form authorizes you to provide the information requested on this form.

PLEASE REVIEW THE ENCLOSED REASONABLE ACCOMMODATION REQUEST FORM THAT EXPLAINS THE STUDENT’S REQUEST FOR REASONABLE ACCOMMODATION AND THEN ANSWER THE FOLLOWING QUESTIONS:

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.

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 (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations.



Disability Services for Students Office
MSAB Room 175
Phone (308) 865-8214
FAX 308-865-8286
E-mail unkdso@unk.edu

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 and position of Verifier (print): _____

Signature of Verifier: _____ Date: _____

Address: _____

Telephone: _____

Please return this signed document to:

UNK Disability Services for Students Office
Memorial Student Affairs Building
Room 175
Kearney, NE 68849
Phone: (308) 865-8214
Fax: (308)865-8286
Email: unkdso@unk.edu

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