

**UNIVERSITY HOUSING REASONABLE ACCOMMODATION
VERIFICATION FORM**

REQUESTER PORTION

Kansas State University provides reasonable accommodations to persons with disabilities who have a verifiable need for the reasonable accommodation because of a disability. A reasonable accommodation is an exception to the usual rules or policies that a person with a disability needs because of his/her to disability to have an equal opportunity to use and enjoy University housing.

The person seeking an accommodation has authorized you to provide the information requested on this form. Please answer the following questions:

Name of Person (print): _____

Specific Reasonable Accommodation being requested:

Signature of Person Requesting the Accommodation: _____

THIRD-PARTY VERIFICATION PORTION

This signature authorizes the verifier to provide answers to the questions below to the best of his/her knowledge of this resident.

For purposes of this verification, disability is defined 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 resident to perform a major life activity as compared to most people in the general population.

1. Does this person 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 explain how the accommodation is necessary for the resident to use and enjoy housing as compared to a person without a disability (e.g. if the person is requesting an animal, what benefits does the animal provide to this person that it would not provide to a person without a disability who has a household pet).

4. 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: _____

When completed, return this form to:

Kansas State University

Student Access Center

202 Holton Hall

Manhattan, Kansas 66506-1311

Phone: (785) 532-6441

Fax: (785) 532-6457

accesscenter@ksu.edu