



Services for Students with Disabilities  
Division of Student Affairs  
117 Louise Pound Hall  
Fax: 402-472-0080

**ACCOMMODATION VERIFICATION FORM for MEDICAL PROVIDERS**  
**for ASSISTANCE ANIMALS in UNIVERISTY HOUSING**

The University of Nebraska - Lincoln 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 INFORMATION THAT EXPLAINS THE STUDENT’S REQUEST FOR REASONABLE ACCOMMODATIONS.**

*“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 ANSWER THE FOLLOWING QUESTIONS:**

**Student Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

1. Does the student have a disability under this definition? \_\_\_\_ Yes \_\_\_\_ No

2. Please identify the student’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:

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3. Please identify if the student 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:

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4. Please explain how the accommodation is necessary for the student to use and enjoy University housing as compared to a person without a disability:

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5. Please identify any other accommodation that may be equally effective in allowing the student to use and enjoy University housing:

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Name of Verifier (print): \_\_\_\_\_

Position: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please return this signed document to:  
Services for Students with Disabilities  
117 Louise Pound Hall  
Lincoln, NE 68588-0355  
(402) 472-3787  
Fax: (402) 472-0080