

Student/Client Name: _____



OFFICE OF DISABILITY SERVICES

HOUSING ACCOMMODATION REQUEST VERIFICATION FORM

Mars Hill 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. This Housing Accommodation Request Form allows a physician, psychiatrist, social worker, or other mental health professional who is familiar with a student and his/her disability to provide the information requested on this form upon request of the presenting student.

PLEASE REVIEW THE ENCLOSED OR ATTACHED MHU DISABILITY SERVICES HOUSING ACCOMMODATION REQUEST FORM (OR STATEMENT PROVIDED TO YOU FROM THE STUDENT) THAT EXPLAINS THE STUDENT'S REQUEST FOR REASONABLE ACCOMMODATION AND THEN ANSWER THE FOLLOWING QUESTIONS either on this form, or in another letter format:

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.

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. Does the person making the request have a disability-related need for the requested accommodation(s)?

___ Yes ___ No

4. Please state the specific requested accommodation(s) and explain how each accommodation is necessary for the resident to use and enjoy University housing as compared to a person without a disability (ie AC, single or private room, ground level/elevator access, assistance animal or service dog, etc).

Name and credentials of Verifier (print): _____

Signature of Verifier: _____ Date: _____

Address (Print or Provide Office Stamp): _____

Phone: _____

Please return all verification documentation to:

Kathleen H. Koontz, MA Ed
Disability Services Coordinator
306 Robinson Infirmary/Wellness Center
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