

**REASONABLE ACCOMMODATION VERIFICATION FORM**  
**FOR COLLEGE HOUSING**

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Student DOB: \_\_\_\_\_

Berry College 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 College housing.

**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR PATIENT'S REQUEST FOR HOUSING 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.*

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:

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3. Please identify if the resident is using any measure (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairments and, if so, if the mitigating measure(s) eliminates the substantial limitations.

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4. What recommendations do you have about how the resident could be accommodated in College housing? Please list recommended accommodations below:

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5. Please explain how the accommodation is necessary for the resident to use and enjoy College housing as compared to a person without a disability.

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6. Please identify any other accommodation that may be equally effective in allowing the resident to use and enjoy College housing:

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

Position of Verifier: \_\_\_\_\_

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

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

License #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\*Please note: Applications will not be reviewed if the verifier information above (including date) is not completed in full.