

Union College Housing and/or Dietary Accommodation – Provider Verification of Request

This authorizes the professional or medical provider to provide information requested for:

Student Name: _____ **DOB:** _____

Union College provides reasonable accommodations to students with disabilities who have a verifiable need for accommodations in order to provide them equal opportunity to use and enjoy college housing and dining services. If this student is requesting the use of an Assistance Animal they may be eligible based on the following:

“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.”

When completed, please return this signed document to:

Union College – Teaching Learning Center /Accessibility Office

% Debbie Forshee-Sweeney, Director

3800 South 48th Street

Lincoln NE, 68506

Phone: 402-486-2600 ext. 2080

Email: deforshe@ucollege.edu

Fax: 402-486-2691

This portion to be completed by a professional or medical provider.

Name of Verifier (print): _____ Position: _____

Address: _____ Telephone: _____

1. Is the student currently under your care? Yes____ No____
2. Does the student have a disability under the definition set forth above? Yes____ No____
3. Is an assistance animal needed to assist the student with his or her disability? Yes____ No____
4. If yes, please describe how an Assistance Animal will assist the student with his or her disability.

5. If this is for dietary accommodation, please describe what accommodation is necessary for the student’s health needs:

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

Signature of Verifier: _____ Date: _____