



UNIVERSITY OF NEBRASKA OMAHA
ACCESSIBILITY SERVICES CENTER

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**REASONABLE ACCOMMODATION VERIFICATION FORM
 FOR UNIVERSITY HOUSING**

Student Name: _____ NU ID: _____

Date of Birth: _____

Type and Breed of Animal Requested: _____
 (ex: Dog, Boston Terrier; Cat: Domestic Shorthair)

I have reviewed the health status of this student. I have conducted an exam for the purpose of assessing whether the student has a medical or psychological disability, the impact of said disability, if any, on major life activities, and which accommodations may be reasonable concerning their ability to participate in the Housing and Residential Life program at the University of Nebraska at Omaha (“UNO.”) The answers provided below, and any additional statements made, reflect my professional judgement concerning the status of the student.

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 treatments or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measures eliminate the substantial limitations caused by the impairment, the person does not have a disability.

1. Does the student have a disability under this definition? Yes No
2. If yes, please provide a detailed diagnosis and their impairments, describing how each impairment substantially limits their ability to perform a major life activity as compared to most people in the general population.

3. Please identify if the student is using any measures, such as medication, treatments, therapies, etc, that mitigate the functional limitations caused by their impairments.

4. Do the mitigating measures eliminate the student’s substantial limitations? Yes No

5. Please explain how the accommodation of an assistance animal is necessary for the resident to use and enjoy University Housing as compared to a person without a disability.

6. Please identify any other accommodation(s) that may be equally effective in allowing the resident to use and enjoy University Housing:

7. Student has provided me with a copy of their Assistance Animal Accommodation Request Form for University Housing, and I have reviewed it thoroughly. Yes No

If no, please do not sign this form until you have reviewed the student's Assistance Animal Accommodation Request Form for University Housing. This form can be obtained directly from the student.

Please print or type:

Provider Name: _____

Title or Professional Designation: _____

Highest Academic Degree: _____

Type of Board Certification or Specialty: _____

Address: _____

(Include Street Address, City, State, Zip Code)

Phone: _____ Fax: _____

Email: _____

By signing this form, I acknowledge that I am the student's current treatment provider and have provided all information accurately and truthfully.

Signature of Provider

Date