

HOUSING ACCOMMODATIONS VERIFICATION FORM  
Accessibility Services Office - Page 1 of 2

MVNU provides equal access to all educational and programmatic activities and abides by section 504 of the Rehabilitation Act of 1973 and the applicable provisions of the Americans with Disabilities Act (ADA) of 1990. The Office of Accessibility Services' facilitates a process for students to self-disclose documented disabilities and fosters a campus environment that is accessible, inclusive, and regulatorily compliant.

A disability is defined as a physical or mental impairment that substantially limits one or more major life activities such as but not limited to: learning, speaking, walking, seeing, hearing, breathing, working, or the ability to care for oneself.

All students, including those with disabilities, must meet the qualifications and learning outcomes of their courses and program. Accommodations cannot decrease curriculum elements or alter fundamental program requirements and do not guarantee academic success. Accommodations create equal access and opportunity for success for students with disabilities.

**STUDENT RELEASE OF INFORMATION – MUST BE FILLED OUT BY STUDENT**

This form is one verification option. MVNU will accept other official documents as long as they are from an authorized professional on letterhead with contact information/qualifications and clearly state the disability, current functional limitations, the proposed accommodations and how they mitigate the limitations. If the disability and needed accommodations are clearly observable and related, no verification form is needed. Accommodations are not retroactive and will only be implemented after approval. Notification of decisions will be made to the student's email account and to other relevant offices. Qualified professional's recommendations are taken seriously by Accessibility Services but are not guaranteed to be approved as stated. They are considered within the process and what is deemed to be reasonable. *Housing requests are annual and subject to review.*

*Qualified professionals must have the education and/or professional training for the specific disability they are verifying and are currently or have recently treated the student for said disability. Qualified professionals cannot be related to the student. Examples of qualified professionals include but are not limited to: physicians, specialists, psychologists, psychiatrists, educational experts, optometrists, etc.*

I, \_\_\_\_\_, grant permission to the below qualified professional to release confidential information and any other relevant details related to my dietary request to the appropriate MVNU offices that provide and implement accommodations. This includes but is not limited to Accessibility Services, Facility Services, and Residence Life. I also understand my request is not complete until this form and the Accommodations Request form are both received.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A QUALIFIED PROFESSIONAL**

Qualified professional's recommendations are taken seriously by Accessibility Services but are not guaranteed to be approved as stated. Recommendations, reasonability, and ADA best practices are all given consideration in the decision making process.

The following information must be legible, whether printed or written.

Qualified Professional's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Qualified Professional Signature

\_\_\_\_\_  
Date

HOUSING ACCOMMODATIONS REQUEST FORM  
Accessibility Services Office – Page 2 of 2

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Please share the disability and/or diagnosis codes, related tests or scores: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Relevant testing or documentation can be attached to this form.*

Date of Diagnosis: \_\_\_\_\_ Date of most recent visit: \_\_\_\_\_

Is the condition permanent? \_\_\_\_\_ If temporary, what is the estimated timeframe? \_\_\_\_\_

Please clearly describe the disability (and/or related medications), the severity, and the current functional limitations, specifically addressing how the disability interferes with the student accessing the residential living environment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The severity of the disability is not related to eligibility but to assist with determining reasonable accommodations.*

Please provide accommodation recommendations and explain how they mitigate the disability. Typical housing accommodations include but are not limited to: accessible residence hall room/bathroom/shower, single room for medical reasons, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you very much for your time in this process to assist MVNU in providing reasonable accommodations. With the student's release of information at the top of this form, you may be contacted if further information is needed to act on this student's request.

Please submit this verification document to [AccessibilityServices@mvnu.edu](mailto:AccessibilityServices@mvnu.edu) or fax it to 740-399-8684 as quickly as possible so MVNU can provide the student accommodations in a timely manner.

**For Office Use Only:** Date Request Received \_\_\_\_\_ By Whom? \_\_\_\_\_  
Date Verification Received \_\_\_\_\_ By Whom? \_\_\_\_\_

Date & Method (email/phone) to arrange Intake Meeting \_\_\_\_\_ By Whom? \_\_\_\_\_

Approved Accommodations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Applicable, Accommodation Changes Rationale: \_\_\_\_\_  
\_\_\_\_\_

Accommodation decisions made by: \_\_\_\_\_ Date: \_\_\_\_\_

Accommodation decisions communicated to student by: \_\_\_\_\_ Date: \_\_\_\_\_