

## HOUSING ACCOMMODATION VERIFICATION FORM

Kenyon College is committed to supporting students with disabilities with reasonable housing accommodations to provide equal access to their residential living space. The [Housing Accommodation Policy](#) applies to all students and explains the specific steps necessary to request a housing accommodation at Kenyon College.

The American with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The three factors influencing a determination of substantial limitation are 1) the nature and severity of the impairment, 2) the duration or expected duration of the impairment, and 3) whether the impairment is characterized as permanent or long-term.

Students **must** complete and submit a [Housing Accommodation Request Form \(PDF\)](#) to the SASS Office. When the disability and/or need for accommodation is not obvious, students may also be asked to have a treating healthcare provider complete and submit a Housing Accommodation Verification Form to the SASS Office. This form provides the SASS Office with reliable documentation that the student has a disability. Documentation must also show that the requested accommodation is necessary to provide them with equal access to their residential living space; in addition, there must be an identifiable relationship, or nexus, between the requested accommodation and their disability. The treating health care provider completing the form must specialize in a field consistent with the diagnosis, as well as be familiar with the student's disability and the necessity for the requested accommodation. To avoid any conflict of interest, documentation must be provided by a non-family health care provider.

Please see the [Housing Accommodation Policy](#) for additional information.

STUDENT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT DATE OF BIRTH: \_\_\_\_\_ Date of most recent visit: \_\_\_\_\_

PRINT NAME OF PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PLEASE SUBMIT ANSWERS TO THE FOLLOWING QUESTIONS:**

1. Based upon the definition above, does this student have a disability?     Yes     No
  2. If yes, please state the medical diagnosis: \_\_\_\_\_
  3. Is this condition permanent?     Yes     No
  4. Does the student require ongoing treatment?     Yes     No
  5. Please state the date of diagnosis: \_\_\_\_\_
  6. Was this diagnosis made by you?     Yes     No
  7. If the diagnosis was not made by you, by whom was it made? \_\_\_\_\_
  8. How long have you known this student and in what capacity? \_\_\_\_\_
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**On attached letter head**, please answer the following questions related to the nexus of the student's disability and the requested housing accommodation(s).

1. Describe the type, severity and frequency of symptoms experienced by this student.
2. Please explain how the requested accommodation is necessary to allow equal access to the student's residential living space, and the identifiable relationship, or nexus, between the requested accommodation and the disability.

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

Please sign and date this questionnaire (below) and return it to [Sass@kenyon.edu](mailto:Sass@kenyon.edu).

Professional signature \_\_\_\_\_ Date: \_\_\_\_\_  
Type of License \_\_\_\_\_ License #: \_\_\_\_\_

STUDENT (please sign this form before providing it to your treating health provider to complete):

By signing below, I consent to allowing my health care provider to share any information relevant to my request for an ESA as an accommodation in the residence hall, as shown on this form, with the Director of SASS at Kenyon College for the next 60 days,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this completed document to:*  
*Erin Salva, Director of SASS*  
*sass@kenyon.edu*  
*Kenyon College*  
*Gambier, OH 43022*  
*Telephone: (740) 427-5453 Fax: (740) 427-5446*  
[salvae@kenyon.edu](mailto:salvae@kenyon.edu)

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