INDIANA TECH
DISABILITY SERVICES

Provider Verification Form (Housing Accommodation)

Indiana Tech provides reasonable accommodations to students with disabilities who have a verifiable need for 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 University housing. Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). The enclosed Housing Accommodation Request Form authorizes you to provide the information requested on this form.

Please review the enclosed Housing Accommodation Request Form that explains the student's request for reasonable accommodation and then answer the following questions:

Does the resident have a disability under this definition? Yes/No

What is the nature of the student's impairment (that is, how is the student substantially limited?)

Does the student require ongoing treatment?

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

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

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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 provide contact information, sign, and date this questionnaire (below), and return it to:

Angela Williams (Disability Services Coordinator)
Indiana Tech
1600 E. Washington Blvd.
Fort Wayne, IN 46803
AMWilliams@indianatech.edu
260-422-5561 ext. 2111
Fax: 260-422-1376

Provider Contact information

Provider Name: _____
                First   *MI*   *Last*

Address: _____

Email address: _____

Telephone: _____

Professional Signature: _____   Date: _____

Type of License: _____   License Number: _____

Student Signature

(Please sign this form *before* providing it to your provider to complete)

By signing below, I consent to allow my provider to share any information relevant to my need for a housing accommodation, as shown on this form, with Disability Services for the next 60 days.

Student Signature: _____   Date: _____