



Reasonable Accommodation Verification Form for Assistance Animals in College Housing

Northwest College provides reasonable accommodations to students with disabilities who have a verifiable need for the 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 access College housing.

Student Name: _____

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 meet the disability definition for this purpose.

Please answer the following questions:

1. Does the resident have a disability under this definition? ___Yes___No

2. Please identify the resident’s impairment(s) and describe how each impairment substantially limits his/her ability to perform a major life activity as compared to most people in the general population:

3. Please identify if the resident is using any measure (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations.

4. Please explain how the accommodation of an assistance animal is necessary for this resident in college housing as compared to a person without a disability.

5. Please identify any other accommodation that may be equally effective in allowing the resident to use and access College housing:

Name and Title of Verifier (print): _____

Signature of Verifier: _____ Date: _____

Verifier Credentials _____

Address: _____

Telephone: _____

Please return this signed document to:

Kim Fletcher
Disability Support Services Coordinator
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307-754-6157 FAX
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