SERVICES FOR STUDENTS WITH DISABILITIES

Student Life

Phone: (402) 472-3787
Fax: (402) 472-0080

117 Louise Pound Hall
P.O. Box 880335
Lincoln, NE 68588-0335

MEDICAL VERIFICATION FOR HOUSING ACCOMMODATIONS

Please indicate below what accommodations this student needs because of their disability. If you respond "yes" to any of the questions, include an explanation regarding how the item is required by the student's disability. Housing accommodation requests will not be considered without the accompanying justification.

Student Last Name First Name MI
NU ID# Phone Number

1. Does this student need a single room? No Yes
   Why?

2. Does this student need a semi-private bathroom? No Yes
   If yes, specify between semi-private (shares bathroom with 3 suitemates) or private (should not share restroom with any roommates).
   Which one and why is it needed?

3. Does this student need to have special room additions (i.e. wheelchair accessibility, flashing/strobe alarms, electronic door opener)? No Yes
   Please list:

4. Does this student need access to a kitchen located nearby or an in-unit kitchen?
   No Yes
   If yes, specify which one and why is it needed.

5. Are there any other housing needs that student requires that isn't listed above?
   (Please don't add specific room types here. That will be determined by the responses to the questions above.)

Signature of Certifying Professional Date