

## Documentation for Disability Related Accommodations in Housing or Dining

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ WFU ID #: \_\_\_\_\_

The student above is requesting a housing or dining accommodation for a disability. Wake Forest University (WFU) requires supporting documentation of the student's disability from the student's treating and licensed clinical professional or health care provider before WFU will consider and provide a reasonable accommodation. A person with a disability is someone who has a physical or mental impairment that substantially limits one or more major life activities which may include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

***Failure to complete this form in a timely manner may result in delay or prevent WFU from being able to grant the requested accommodation. This form should be completed by a licensed, clinical professional or health care provider. It is not to be completed by the student or a family member.***

---

1. Please provide a description of the student's disability for which a housing or dining accommodation is being requested.
2. In detail, please describe the student's functional limitations as a result of the disability.
3. When was the disability first diagnosed and does the student require ongoing treatment?
4. How long have you been treating the student for this disability? When was the student last seen by you for this disability?

5. What procedures and/or assessments were used to diagnose this student's disability?
6. Please describe the specific housing and/or dining accommodation being recommended and explain why the accommodation is suggested, based upon the student's disability.
7. What is the anticipated duration of need for this housing and/or dining accommodation?
8. Has this student been granted similar accommodations in the past? Please explain.

---

*I attest that I am a licensed, clinical professional or healthcare provider working within the boundaries of my competence to recommend the accommodations outlined above (in Question # 6). I have been treating this student for their disability, and I completed the accommodation request form on behalf of the student I am treating.*

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

Printed name: \_\_\_\_\_

State of Licensure: \_\_\_\_\_ License Type: \_\_\_\_\_

License Number: \_\_\_\_\_

Affix a business card or apply business stamp within this box. Documentation is not complete without this information.

Completed Documentation for Disability-Related Accommodations  
should be emailed to Hope Jordan at: [jordanha@wfu.edu](mailto:jordanha@wfu.edu)

Questions or Concerns, please contact our Leasing Office at: 336-758-7161



WAKE FOREST  
UNIVERSITY

Wake Forest Properties

## Vet Verification Form for Emotional Support Animal

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ WFU ID #: \_\_\_\_\_

The student above is requesting an emotional support animal as a housing accommodation for a disability. Wake Forest University (WFU) requires veterinary verification from the animal's treating and licensed veterinary professional before WFU will consider and provide a reasonable accommodation.

***Failure to complete this form in a timely manner may result in delay or prevent WFU from being able to grant the requested accommodation. This form should be completed by a licensed, veterinary professional. It is not to be completed by the student or a family member.***

Vet Office Name \_\_\_\_\_ Vet Name \_\_\_\_\_  
Office Phone # \_\_\_\_\_ Office Email \_\_\_\_\_

### Animal Information

Species (Circle) - Cat Dog Other (Write-In) \_\_\_\_\_

Age \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_

Spayed/Neutered (Circle) - Yes No

How long have you been caring for this animal? \_\_\_\_\_

When was the animal last seen by you? \_\_\_\_\_

### Animal Attestation

- I verify the above-named animal has all current vaccinations as required.
- I verify that all the above vaccinations will remain current through one year.
- I verify that the above-named animal has been tested for internal parasites.
- I verify that the above animal is in general good health.

***I attest that I am a licensed, veterinary professional working within the boundaries of my competence to evaluate the above-named animal. I am the veterinarian of record for the above-named animal and am completing this form at the above-named animal owner's request.***

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

Printed name: \_\_\_\_\_



State of Licensure: \_\_\_\_\_ License Type: \_\_\_\_\_

License Number: \_\_\_\_\_

**Affix a business card or apply business stamp within this box. Documentation is not complete without this information.**

Completed documentation should be emailed to Hope Jordan at: [jordanha@wfu.edu](mailto:jordanha@wfu.edu)  
Questions or Concerns, please contact our Leasing Office 336-758-7161