

Southeast Community College

Disability Accommodation Request Form for College Housing

If you are requesting an assistance animal, please be aware that there are individuals and organizations that sell service animal certification or registration documents online. These documents do not convey any rights under the Americans with Disabilities Act (ADA). These documents are not recognized by the U.S. Department of Justice or Southeast Community College as proof that the dog is a bona fide service animal.”

Southeast Community College recognizes the importance of providing reasonable accommodations¹ in its housing policies and practices where necessary for individuals with disabilities to use and enjoy College Housing. A reasonable accommodation is an exception to the usual rules or policies that a resident with a disability may need to have an equal opportunity to use and enjoy College housing.

Please complete this form and return it to the Disability Services Office **no fewer than 60 days before you intend to move into College housing**. You may return the form by regular mail, fax (402.437.2892), or email to: LincolnADA@southeast.edu.

The form may be sent by postal mail to:

Disability Services
Southeast Community College
8800 O St.
Lincoln, NE 68520-1299

Please answer the following questions:

Name of Student/Resident (print): _____ Student ID: _____
Campus Location

Specific Reasonable Accommodation being requested (please use additional pages, if necessary):

Please identify your disability and why you believe the accommodation is necessary because of your disability:

NOTE: In circumstances where either your disability and/or requested accommodation is not obvious, you must provide a verification from a qualified professional (*e.g. qualified Physician, Psychologist, Psychiatrist, Mental Health Professional or Health Care Provider²*), establishing that you have a disability and that the requested accommodation is necessary to provide you an equal opportunity to use and enjoy College housing. Please identify the person that can provide such a verification, if necessary.

Name: _____

Title: _____

Address: _____

Telephone: _____

My signature below authorizes the qualified professional identified to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy College housing.

Signature of Resident: _____

Date: _____

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² The provider must also be licensed to practice in Nebraska or the student's official state of residence.