# VERIFICATION OF ACCOMMODATION

**To be completed by the students' most recent educational institution.**

Please submit the completed form by scanning and emailing the form to Student Accessibility Services to studentaccessibility@ontariotechu.ca

| STUDENT INFORMATION | | | |
|---|---|---|---|
| First Name: | | Last Name: | |
| Date of Birth: (DD/MM/YYYY) | | OUAC ID Number: | |
| Ontario Tech U Student Number: | | | |

| ACCOMMODATIONS |
|---|
| Please list the accommodations that were provided to the student listed above during their time at your school or institution. |

| CERTIFICATE OF AUTHORIZED PROFESSIONAL | | |
|---|---|---|
| Full Name: | | Office Stamp or Business Card |
| Position: | | |
| Employer: | | |
| Designation: | | |
| Email Address: | | |
| Phone Number: | | |
| Signature: | | |
| Date: | | |

The information requested on this form is collected under the authority of the University of Ontario Institute of Technology Act, 2002. This information is being collected for the purpose of admissions consideration on the basis of a disability. Inquiries concerning the collection of this information should be directed to Office of the Registrar, 905.721.3190 or connect@ontariotechu.ca.