



ALLEGHENY COLLEGE™

Emotional Support Animal Request for Information

(The health care provider need not use this specific form, but all of the information requested here is necessary for the college to have in order to consider the student request; the form is provided as a convenience.)

Allegheny College supports students seeking accommodations for disabilities, including Emotional Support Animal housing accommodations. Student Accessibility and Support Services (SASS) located in Pelletier Library, strives to ensure that qualified students with disabilities are accommodated in a manner that supports therapeutic treatment.

Students with a disability who wish to receive emotional support animal housing accommodations must have this form completed by a qualified health care provider, which may be a certified physician, other diagnosing medical professional, or specialist psychologist, psychiatrist, neurologist, etc. The individual completing this form must have first-hand knowledge of the student's condition and will be an impartial professional who is not related to the student.

Once this form is completed, it should be sent **directly from the provider to the SASS office**. The information on where/how to send the information can be found on the last page of this form.

*Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that are not obvious or otherwise known. In HUD's experience, such documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal.
(Excerpt from 2020 HUD Guidance)*



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*****TO BE COMPLETED BY A CERTIFIED PROFESSIONAL*****

VERIFICATION OF EMOTIONAL SUPPORT ANIMAL NEED FOR HOUSING ACCOMMODATION

To be completed by the current diagnosing professional so that we may better evaluate the request for this accommodation. Generally, we prefer documentation from providers in the student's home state who have personal knowledge of the student, consistent with their professional obligations. (please type or print legibly)

Information about the Student's Disability

1. Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, how is the student **substantially limited**?)
2. When did you first meet with the student regarding this mental health diagnosis?
3. What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)?
4. What is the date of the most recent evaluation and last contact?
5. How often have you seen the student (or plan to see the student) for further counseling/treatment?



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6. What is the expected duration of the student's condition?

7. What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of the Emotional Support Animal? General assessments are typically insufficient. For example, a statement that **“The animal alleviates anxiety” is too general** and does not explain *how* the animal may alleviate the symptoms of this student's disability.

8. Please describe the health impact if the housing accommodation isn't met.

Information about the Proposed Emotional Support Animal

(Note: there are some restrictions on the kind of animal that can be approved to reside in the college's residence halls; it is possible the student may be approved for an Emotional Support Animal based on information you provide here, but may not be allowed to bring the specific animal named)

Name: _____

Type of Animal: _____ Age of Animal: _____

Size of the cage/crate needed for containment: _____

1. To your knowledge has the student had an Emotional Support Animal previously? Explain.

2. Is there evidence that an Emotional Support Animal has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?



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3. Dogs and cats are most often requested as Emotional Support Animals, and seem to be best suited to adapting to the communal living setting of a college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.

4. Please address the likely impact on the student should the following scenario occur. Once the student is living with the animal in student housing, the animal is permanently removed because of a violation of policy (e.g. the animal injures someone or destroys property). Please balance this impact, if any, against the benefit that you expect the animal to provide to the student.

5. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in college housing. Has the student shared those restrictions with you? Yes ___ No ___

6. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in college housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? Please explain. (If you have not had this conversation with the student, we will discuss it with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

We recognize that having an Emotional Support Animal in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an Emotional Support Animal on both the student and the campus community.



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Please provide contact information, sign and date this form (below), and send it to our office via one of the options listed on the last page.

Printed name and credentials: _____

Address: _____

Telephone: _____

FAX and/or Email address: _____

Professional Signature: _____

Type of License: _____ License #: _____

Date: _____

STUDENT: please sign this form before providing it to your mental health provider to complete. By signing below, I consent to allowing my health care provider to share any information relevant to my need for an Emotional Support Animal as an accommodation, as shown on this form, with personnel from the Student Accessibility and Support Services office for the next 60 days.

Printed Name

Signature

Date