

**Liberty University Student Housing**  
**Service and Emotional Support Assistance Animal**  
**Accommodation Request Form**

The Office of Residence Life (ORL) provides reasonable accommodation to students with disabilities who have a verifiable need for the accommodation. The Office of Residence Life is also mindful of health and safety concerns on University property and seeks to balance the needs and rights of all University community members. In the case of a fellow resident with a conflicting accommodation for a registered disability, ORL will consider the needs of both persons in meeting its obligations to reasonably accommodate all students, as well as to provide for the health and safety of its property, and resolve the problem as efficiently and expeditiously as possible. Relocation of students because of conflicting accommodations will be handled with care and consideration for the needs of all parties. Documentation provided by an appropriate professional is required to verify the need for emotional support animals generally; to verify the need for service animals in places other than public spaces, such as residence halls; and to verify that the animal has been sterilized (spayed, neutered, or other method of sterilization), is in good health, and has received all required vaccinations.

**Section 1: To be completed by the student-applicant**

Name: \_\_\_\_\_ LU ID# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_@liberty.edu

Male: \_\_\_ Female: \_\_\_

Semester(s) Requested: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Year: 20\_\_\_-\_\_\_

Service or Assistance animal type and breed: \_\_\_\_\_

Name of Animal: \_\_\_\_\_

Is the animal housebroken or housetrained (able to consistently control its waste elimination)? Yes \_\_\_ No \_\_\_

Is the animal crate-trained (able to be consistently confined to a closed crate without barking, whining, or whimpering)? Yes \_\_\_ No \_\_\_

Has the animal been sterilized (spayed, neutered, or other method of sterilization)?  
Yes \_\_\_ No \_\_\_

Please provide a personal statement supporting your request and describe how the request relates to your condition:

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**Please attach the Veterinarian’s verification that the animal is in good health, has received all required vaccinations to maintain the animal’s health and prevent contagious disease, and has been sterilized (spayed, neutered, or other method of sterilization). Also include a copy of Virginia’s required animal license.**

I have read, understood, and agree to follow and be bound by the terms and conditions of Liberty University’s Service and Emotional Support Assistance Animal Policies and Procedures.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Section 2: To be completed by Health Care Professional (\*Please note the Health Care Professional cannot be a family member of the student.)**

1. What is the student's relevant medical diagnosis?

\_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Last office visit: \_\_\_\_\_

The condition is \_\_\_ permanent \_\_\_ temporary (anticipated duration \_\_\_\_\_)

Prescribed medication(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please describe the type, severity, and frequency of symptoms currently experienced by the student and how the disability interferes with one or more major life activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please explain the necessity of the animal for the student to use or enjoy housing on University property.

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\_\_\_\_\_

4. Please describe the relationship between the student's disability symptoms or effects and the relief or assistance the animal provides.

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**Health Care Professional's Contact Information**

*Please place physician's stamped contact information here*

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

**My signature verifies that I am the treating professional and that the contents of section two of this form are true and accurate.**

**Please submit both portions of the request forms via fax, Attn: Denny McHaney at 434-582-2297, or scan and email to [odas@liberty.edu](mailto:odas@liberty.edu) or mail to:**

**Office of Disability Academic Support  
Liberty University  
1971 University Boulevard  
Lynchburg, VA 24515**