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:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

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.

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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 or mail to:

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