

# ESA or Service Dog Accommodation Request

## Accommodation Request Documents

The accommodation request for an ESA or Service dog accommodations to live in resident housing in LUAccommodate must include an attachment of

1. **Disability Verification Form for ESA or Service Dog.** This form must be completed by a qualified healthcare provider – see the following description:  
*Liberty University requires documentation from an appropriately qualified healthcare provider who is currently treating the student to accurately and equitably evaluate each request. The healthcare provider must have an active professional license from the Commonwealth of Virginia or the state of the student's permanent residence. The qualified healthcare provider completing all parts of the Disability Verification Form for ESA or Service Dog Accommodation cannot be related to the student.*
2. **ESA or Service Dog Information Form** this form must be completed by the student
3. Current (within the last 3 months) documentation from a veterinarian verifying that the animal has been seen by the veterinarian and is in good health
4. Record that the animal has been sterilized (spayed or neutered)
5. Record of most current immunization records appropriate for the animal (with next scheduled immunizations beyond the coming academic year).

## Accommodation Request Process

The accommodation request process always includes (but may not be limited to) the following steps:

1. Submission of a request through LUAccommodate by the student, including the attachment of a completed Disability Verification Form for Housing Accommodations and other required documents.
2. Verification of the disability by ODAS staff based on documentation
3. Housing accommodation notice submitted to Residence Life
4. A response from Residence Life regarding the request
5. Reply to the student regarding the accommodation request

## Policies and Procedures

It is imperative that the student read and understand Residence Life's Policies and Procedures for Service & Emotional Support Animals. The Office of Residence Life is 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.

# Disability Verification Form for ESA or Service Dog

Section 2 of this form must be completed by a licensed healthcare provider.

## 1. IDENTIFYING INFORMATION

Student's Name \_\_\_\_\_

LUID Number \_\_\_\_\_

Student's Email \_\_\_\_\_  
@liberty.edu

Student's Phone \_\_\_\_\_

## 2. TO BE COMPLETED BY A LICENSED MEDICAL PROFESSIONAL

Note: A letter may not be submitted in place of this form, unless all the information below is included in the letter.

### A. Diagnostic Information

A.1 Please state the complete diagnosis (ICD-10 and/or DSM-V): \_\_\_\_\_

A.2 Date of Diagnosis: \_\_\_\_\_

A3. In addition to the DSM-V and/or ICD-10 criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student:

√	Criteria	Notes (please add information to a checked area)
	Structured or unstructured interviews	
	Interviews with other persons	
	Medical tests	
	Medical history	
	Behavioral observations	
	Developmental history	
	Psychological testing	
	Other (please specify)	

### B. Contact History

B1. This student has been under a provider's care for this issue since: \_\_\_\_\_

B2. Date student was last seen: \_\_\_\_\_

### C. Impact of Condition

C1. How long is this condition likely to persist? (Permanent/Temporary): \_\_\_\_\_

C2. How often is the student required to check-in with a provider?

- Once a week     
  Once a month     
  Every 3-4 months     
  Every 6 months  
 Once a year     
  As needed     
  Other: \_\_\_\_\_

C3. Is the student currently taking medication(s) for their symptoms?       YES     NO

If yes, what medication(s) is the student currently taking? For each medication, describe the side effects and any impact on academic performance. Do limitations/symptoms persist even with medications?

Medication and Dosage	Side Effects	Academic Impact	Symptoms Persist with Medication?

C4. Please note to what extent each of the following major life activities is affected due to the diagnosis.

1 – Unable to Determine      2 – No Impact      3 – Mild Impact      4 – Moderate Impact      5 – Substantial Impact

Major Life Activities					
	1	2	3	4	5
Caring for oneself					
Talking					
Hearing					
Breathing					
Seeing					
Walking					
Standing					
Lifting/Carrying					
Sitting					
Performing manual tasks					

Major Life Activities					
	1	2	3	4	5
Sleeping					
Working					
Interacting with others					
Eating					
Other (please list)					

C5. Please describe the type and frequency of symptoms currently experienced by the student and how they substantially limit the major activities identified above (ex. The student can not see, preventing him from navigating from place to place while walking and caring for himself without the assistance of his service dog).

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## D. Disability Accommodations

D1. Please explain the role of the animal in providing support and/or assistance for the student, related to the disability (The dog is training to navigate the student everywhere he walks and to retrieve items when needed).

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## E. Credentials and Signature

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Name and Title (Print)

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Address (Print)

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Phone (Print)

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SIGNATURE (Handwritten or stamp)

Date

## 3. SUBMISSION INFORMATION

**Students should submit this completed form in LUAccommodate when submitting a request.**

Licensed Healthcare Providers may submit this completed form by:

Scan & Email: [accessibility@liberty.edu](mailto:accessibility@liberty.edu)

Fax: 434-582-3858

Mail: Office of Disability Accommodation Support

Liberty University

DeMoss Hall 1264

1971 University Boulevard

Lynchburg VA 24515

# ESA or Service Dog Information Form

This form is to be completed by the owner/handler of the animal.

## 1. IDENTIFYING INFORMATION

Student's Name \_\_\_\_\_

LUID Number \_\_\_\_\_

\_\_\_\_\_@liberty.edu

Student's Email \_\_\_\_\_

Student's Phone \_\_\_\_\_

## 2. TO BE COMPLETED BY STUDENT

### A. TYPE OF SUPPORT

A1. Is the animal an Emotional Support Animal or a Service Dog? \_\_\_\_\_

A2. If a Service Dog, what service does the animal? \_\_\_\_\_

**B.**

### B. INFORMATION ABOUT THE ANIMAL

B1. Type and Breed of Animal \_\_\_\_\_

B2. Name of Animal \_\_\_\_\_

B3. Is the animal housetrained (able to consistently control waste elimination)?

YES  NO

B4. Is the animal crate-trained (able to be consistently confined to a closed crate without barking, whining, or whimpering)?

YES  NO

B5. Has the animal been sterilized (spayed, neutered, or other methods with documentation)?

YES  NO

### C. EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

*NOTE: In any event in which the student is not able to provide adequate care for the animal, ORL will attempt to contact the listed emergency contact. If the contact is not available, ORL may attempt to contact the student's roommate, hallmates, and/or family member(s).*

### D. STUDENT SIGNATURE:

Please sign and date below to confirm that you have read Residence Life's Policies and Procedures for Service & Emotional Support Animals.

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_