

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 in order 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

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 are 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					
Eating					
Working					
Interacting with others					
Sleeping					

Major Life Activities					
	1	2	3	4	5
Stress management					
Attending classes regularly					
Communicating					
Other (please list)					

C5. What symptoms currently experienced by the student substantially limit the student’s major life activities as they relate to the student’s need for an Emotional Support Animal or Service Dog?

D. Disability Accommodations

D1. Please explain the role of the animal in providing support and/or assistance for the student, related to the disability.

E. Credentials and Signature PLEASE TYPE OR PRINT CLEARLY

Name and Title

Address

Phone

Signature

Date

3. SUBMISSION INFORMATION

Submit this completed Physical/Medical/Sensory Disability Verification form by email, fax, mail or in person to:

Scan & Email: 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

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. 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, hall mates, 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:** _____