

Liberty University Office of Residence Life
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 (select one): ___ Service Animal ___ Emotional Support Animal

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 recent picture of the animal (jpeg or PDF format) with this application. If a picture is not provided, upon the University's approval of the animal, the student must come to ORL for a picture of the animal to be taken within five (5) business days of receiving notice of the approval.

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

Please provide information, including the date(s) and a brief description of what happened, describing all episodes of disruptive behavior or aggression (including bites) by your animal. If no such episodes have occurred, please indicate such by writing "N/A":

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.)

Student's Name: _____

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:

Health Care Professional's Name (Print): _____

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 form, a recent picture of the animal, and the animal's vet records via fax, Attn: Accessibility Services Coordinator to 434-582-3858; alternatively, you may scan and email these documents to Accessibility@Liberty.edu or mail them to:

**Office of Disability Accommodation Support
Liberty University
DeMoss Hall #1264
1971 University Boulevard
Lynchburg, VA 24515**