

*Service & Emotional Support Animal  
Accommodation Request Form*



The Office of Residence Life (ORL) provides reasonable accommodations to residents with students with disabilities who have a verifiable need for the accommodation. Verification of the need for the accommodation requires documentation provided by an appropriate professional. To request a Service or Emotional Support Animal, please follow these steps:

1. Review all Service & Emotional Support Animal [policies & procedures](#).
2. Complete Section 1 of the request form below.
3. Have your health care provider complete Section 2 of the request form below.
4. Deliver completed request packet to the Office of Disability Accommodation Support (ODAS) via mail, fax, scan/email, or in-person. Students are strongly encouraged to make complete requests at least 30 days in advance to when the student would like to house the animal in the residence hall.
5. ODAS will review your request during a Housing Disability Accommodation Committee meeting.
6. ODAS will notify you of the committee's decision in writing, via email or letter.

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. 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.

*Please sign and date below to confirm your understanding of this information.*

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ LUID#: \_\_\_\_\_

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*Section 1:* To be completed by the applicant.

Name: \_\_\_\_\_

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: \_\_\_\_\_

**Emergency Contact Details:**

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

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

*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).*

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*Section 1:* Continued.

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

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

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Please attach the following information when you submit this request:

- A **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.
- 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.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*My signature verifies that I have read, understood, and agree to follow and be bound by the terms and conditions of Liberty University's Service & Emotional Support Animal policies and procedures.*

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*Section 2:* To be completed by Health Care Professional.

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*Section 2:* Continued.

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 stamped contact information here:

Health Care Professional's Name (Print): \_\_\_\_\_

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

*My signature verifies that I am the treating professional and that the information provided in Section 2 of this request form is accurate.*

Please submit all five pages of this form to the Office of Disability Accommodation Support:

- **Fax:** 434-582-3858, Attn: Accessibility Services Coordinator
- **Scan & Email:** [Accessibility@Liberty.edu](mailto:Accessibility@Liberty.edu)
- **Mail:** Office of Disability Accommodation Support  
Liberty University  
DeMoss Hall #1264  
1971 University Boulevard  
Lynchburg, VA 24515