



# Student Accessibility Services

## DISABILITY VERIFICATION FORM for an Emotional Support Animal (ESA)

Student Accessibility Services (SAS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must detail a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act Amendments (ADAAA) of 2008, and the Fair Housing Act.

*"The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity. Eligibility for accommodations will be determined on a case-by-case basis following communication with the student and a thorough review of documentation indicating functional limitations that would impact the individual in an academic setting."*

*"The Fair Housing Act prohibits discrimination on the basis of disability in all types of housing transactions. The Act defines persons with a disability to mean those individuals with mental or physical impairments that substantially limit one or more major life activities."*

Converse University students can request the use of an emotional support animal in University Housing ("Housing"). Since these animals are not service animals as defined by the Americans with Disabilities Act, the University needs to review documentation that specifically addresses three areas to determine if the request for this accommodation is a reasonable and appropriate exception to Housing's no pet policy.

1. Clear documentation of the student's disability.
2. Proof that the animal is necessary to afford the student an equal opportunity to use and enjoy University Housing.
3. Proof of a direct relationship between the disability and the support the animal provides.

To assist Converse University in determining whether the student who shared this form with you would qualify for an emotional support animal in University Housing, we ask that an appropriately licensed professional thoroughly respond to the questions on the following pages. The health care professional completing this form should have provided care for a length of time to be able to determine if the presence of an animal could alleviate the impact of a student's disability in an environment such as a university residence hall. Please note on-line certifications typically do not provide the necessary information to support an ESA accommodation request.

For housing accommodations, this document is due to SAS by May 15th for new students and February 1st for returning students. Applications submitted later than the deadline will be considered. Converse University will make a good faith effort to provide reasonable accommodations, but may not be able to guarantee that appropriate residential provisions will be completed within that semester.

**Important: SAS will send an email notification to the student's Converse email account, acknowledging receipt of documentation. Prospective students who do not have a Converse email account will be notified via alternate email, if provided.**

Student's Name: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

### AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

*This page is to be completed by the Student; please print legibly.*

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

Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Status (check one):            prospective            current            transfer

Local phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Address (street, city, state and zip code):  
\_\_\_\_\_  
\_\_\_\_\_

Converse E-mail: \_\_\_\_\_@converse.edu

Alternate E-mail: \_\_\_\_\_

#### **Records Released From (i.e. Health Facility or Medical Provider)**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I hereby give permission for the above-named provider/facility to release diagnostic and other relevant information for the purpose of determining eligibility for services/accommodations at Converse University.

#### **Patient Rights**

I have had the opportunity to read this facility's Notice of Privacy Practices (as indicated) and have had all of my questions regarding this Notice answered to my satisfaction. I understand that only health care providers, plans, and clearinghouses must follow the federal privacy standards. If an individual or organization receiving my protected health information (PHI) does not fall into one of these categories, this authorization ceases to be protected by the federal privacy standards therefore, allowing for the possibility of my PHI being redisclosed without further authorization. I understand that I may cancel this authorization but that my withdrawal is only effective to the extent that action has not already been taken, as a result of my signing this form. In order to withdraw this authorization written notification is required.

This authorization will remain in effect until this request is processed unless you specify this authorization will be effective for an additional time period. Written consent is necessary to revoke this request.

I have had an opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

### DIAGNOSTIC INFORMATION

*Remaining pages to be completed by the Appropriate Professional as applicable; please print legibly.*

1. Diagnosis information:

a. Disability(ies), including DSM-Vcode(s):

---

b. Note the date of diagnosis, level of severity and expected duration for each diagnosis (use last page if additional space is needed):

Diagnosis/Disability	Date of Diagnosis	Mild	Moderate	Severe	Expected duration
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

d) Date of initial contact: \_\_\_\_\_

e) Date of last contact: \_\_\_\_\_

2. Is the student/patient currently under your care?  Yes  No

3. List current medications(s), impact, and adverse side effects.

4. Indicate which major life activities are substantially limited due to the student's mental health-related disability(ies) listed above.

Student's Name: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

5. Please describe how the condition(s) impacts the student's ability to access, utilize, engage, and/or enjoy University Housing?

6. Please describe the animal that you prescribe for the student, including any species and size requirement?

7. Did you specifically prescribe the animal as part of your treatment for this student? Yes No

8. Is this an animal that you believe would provide a disability-related benefit to the student while residing on campus? Yes No

9. Is there evidence that an emotional support animal has helped this student in the past or at present?

No Yes

If Yes, please describe:

10. What is leading you to recommend that an animal reside with the student in University Housing?

Student's Name: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

11. What is the direct connection between the diagnosis and the need for the student to have an animal in university housing? Explain how this animal will provide emotional support for your client.

12. What consequences, in terms of disability symptomology, may result if this housing accommodation is not approved?

13. Have you discussed with the student the responsibilities associated with caring for the animal while engaged in typical college activities and campus housing? If so, what is your impression of the student's ability to successfully provide care given these student responsibilities (i.e. classes, study, extracurricular activities, work, internships, etc.)?

14. If approved, could the animal care responsibilities in this context exacerbate the student's symptoms in any way? Please explain.

Student's Name: \_\_\_\_\_ Student's DOB: \_\_\_\_\_

15. Describe possible alternatives that could be considered if the preferred accommodation is not available.

**PROVIDER INFORMATION**

*Please sign and complete fully.*

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

Print Name and Title: \_\_\_\_\_

License or Certification #: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To maintain confidentiality, all information should be sent to:**

Converse University  
Student Accessibility Services  
580 East Main Street  
Spartanburg, SC 29302  
Email: [accessibilityservices@converse.edu](mailto:accessibilityservices@converse.edu)  
Phone: 864.596.9027  
Fax: 864.596.9729