

ESA or Service Dog Accommodation Request

Accommodation Request Documents

The accommodation request for an ESA or Service Dog to live in resident housing must be submitted in LUAccommodate and must include the following documents (added to the request in LUAccommodate).

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. Intake meeting with the student to discuss request, process, and responsibilities
4. Housing accommodation notice submitted to Residence Life
5. A response from Residence Life regarding the approval of the request
6. Reply to the student by ODAS regarding the accommodation request

Policies and Procedures

The Office of Residence Life is mindful of health and safety concerns and seeks to balance the needs and rights of all Liberty University community members.

Students with this accommodation must read and understand Residence Life's Policies and Procedures for Service & Emotional Support Animals. A copy of this policy can be found on the ODAS website, the Residence Life website, and the LUAccommodate Resource Library.

Students with this accommodation will be asked to provide an electronic signature in LUAccommodate to confirm that they have read the policy.

Disability Verification Form for ESA or Service Dog

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

1. STUDENT 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: _____

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. Due to the diagnosed condition(s), has the student been determined to have a physical or mental impairment that substantially limits one or more major life activities (breathing, walking, talking, sleeping, bathing, toileting, etc.)

YES NO

If yes, please identify the major life activities that are substantially limited by the student's condition.

C2. Please describe the type and frequency of symptoms currently experienced by the student and how they substantially limit the major activities identified above (ex. Student has a severe migraine headache 3-4 times a week preventing her from being able to stand, walk, or care for herself). _____

C4. Is the student currently taking medication(s) for their symptoms?

YES NO

If yes, what medication(s) is the student currently taking? _____

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).

E. Credentials and Signature

Name and Title (Print)

Address (Print)

Phone (Print)

SIGNATURE (Handwritten or stamp)

Date

3. SUBMISSION INFORMATION

Students must add this completed form in LUAccommodate when submitting a request.

www.liberty.edu/luaccommodate

Physicians may contact the Office of Disability Accommodation Support to submit separate documents at
accessibility@liberty.edu

ESA or Service Dog Information Form

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

1. STUDENT/HANDLER 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, Residence Life will attempt to contact the listed emergency contact.

D. STUDENT SIGNATURE:

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

Signature: _____ DATE: _____