

Application for Requesting a Medically Required Assistance or Emotional Support Animal

This documentation must be completed and signed by the licensed mental health professional who has prescribed the accommodation.

Student Name: _____

Student ID Number: _____

With prior approval, a student with a disability may have a medically required assistance or emotional support animal within the residence hall as a reasonable accommodation.

1. The request must be made in advance to the Office of Residential Community Life, <http://www.oneonta.edu/development/reslife/options.asp>, to allow a thorough review. The request should be made at the point that the housing deposit is submitted (for incoming students), or by January 1 (for continuing students).
2. The request must include this form, completed fully, by a licensed mental health professional who has provided treatment for the disability. The documentation must include the following information:
 - a. EVIDENCE OF THE DISABILITY AND THE DIAGNOSIS RELATED TO THE NEED OF AN ASSISTANCE OR EMOTIONAL SUPPOORT ANIMAL
 - i. Name of the mental health professional making the diagnosis:

 - ii. Signature of the mental health professional making the diagnosis:

 - iii. Date at which the diagnosis was first made:

 - iv. Dates of treatment:

 - v. Symptoms for which treatment was needed:

vi. Treatments other than the use of an assistance or emotional support animal which have been used for symptom reduction:

vii. Date on which the use of an assistance or emotional support animal was prescribed:

b. EVIDENCE OF THE CONNECTION BETWEEN THE DIAGNOSIS/SYMPTOMS AND THE NEED FOR AN ASSISTANCE OR EMOTIONAL SUPPORT ANIMAL:

- c. EVIDENCE THAT THE STUDENT WILL NOT BE ABLE TO USE AND ENJOY THE RESIDENCE HALL OR TO PARTICIPATE IN THE SERVICES OR PROGRAM IF AN ASSISTANCE OR EMOTIONAL SUPPORT ANIMAL IS NOT APPROVED:

3. In your professional, medical opinion, is this accommodation a requirement for attendance, or is this a convenience for the student? (Circle one, please)

MEDICAL REQUIREMENT

CONVENIENCE

4. Upon completion of this form, please return to:

Mike Farmer
106 Wilsbach Hall
Oneonta, NY 13820

Or via Fax to:

Mike Farmer
(607) 436-2110

5. This request will be reviewed by a committee that is composed of representatives from the following offices:
 - a. Counseling, Health and Wellness Center
 - b. Student Development
 - c. Accessibility Resources
 - d. Residential Community Life

UPDATED: 2/12/18