

Process Overview

The Housing Accommodation Request Form for Emotional Support Animals is intended for students who requesting an Emotional Support Animal (ESA), which is an animal that provides physical and/or emotional support to individuals with disabilities or diagnosed medical/psychological conditions. Information provided on this form is protected by FERPA and therefore is shared on a need-to-know basis only.

Clarkson University recognizes the importance of Service Animals* as defined by the Americans with Disabilities Act (ADA) and the broader category of Assistance Animals* (referenced by the University as ESAs) under the Fair Housing Act (FHA). The University is committed to allowing individuals with disabilities the use of a Service Animal on campus to facilitate their full participation and equal access to the University's programs and activities. The University is also committed to allowing ESAs necessary to provide individuals with disabilities an equal opportunity to use and enjoy University housing. This form explains the specific requirements applicable to an individual's use of an ESA in the residence halls.

No ESA may enter University housing at any time without the individual receiving approval through this application process.

Submitted forms are reviewed by the Housing Accommodation Committee, which consists of representatives from the Office of Accessibility Services, Residence Life, Student Health and Counseling, and, as needed, Sodexo. The committee reviews requests based on a number of factors, including but not limited to, whether a student has a documented disability which substantially limits one or more major life functions, evidence of a connection between the individual's disability and the assistance the animal provides, evidence that the student will not be able to use and enjoy University residential facilities or participate in the services Residence Life provides without the ESA.

Definitions

***Service Animal** is defined by the ADA as a dog, and in some cases a miniature horse, that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. The work or tasks performed by the service animal must be directly related to the individual's disability (28 CFR 35.104). Service Animals are working animals, not pets. Students who intend to bring a Service Animal to campus are encouraged to notify the Office of Accessibility Services so that appropriate accommodations can be arranged, if needed, and to ensure the University has accurate records of animals on campus. Students with a Service Animal are not required to fill out this application.

***Emotional Support Animal**, defined as assistance animal by the Fair Housing Act (FHA), is an animal that provides assistance in the form of emotional support which reduces or alleviates one or more identified symptom(s) or effect(s) of a person's disability. Under the FHA, a person may keep an assistance animal in their dwelling unit if there is an identifiable relationship or nexus between the disability and the assistance the animal provides. An ESA may be allowed to reside in the student's housing area (assigned room and common areas of the housing assignment, such as lounges) as a reasonable accommodation, but they are not permitted in other areas of the University. Students with an ESA must have this request form approved prior to bringing the animal to campus.

Requirements of ESA Owners

Individuals with ESAs are responsible for their animals at all times and must comply with the following:

1. The owner must have completed this request form and received written approval from the Office of Accessibility Services prior to bringing the ESA on campus for any length of time.
2. For indoor spaces, the ESA is approved for the owner's assigned room/apartment, with the exception of immediate transport in and out of the building.
3. The owner must keep the ESA away from the belongings of their roommate(s). If the ESA becomes an issue in the space, one or more residents, including the owner, may be required to relocate on campus.
4. The ESA must be under the owner's control at all times. When transported outside, the ESA must be in an animal carrier or controlled by a leash/harness.
5. The owner will be solely liable for any damage, injury, sickness, or death of the ESA. The owner will not hold Clarkson University or its staff liable for any injury, sickness, or death.
6. The owner will be financially responsible for any damage the ESA may cause to personal property of others and to facilities, to include removal of smells/odors and/or the removal of fleas/ticks/pests.
7. The owner will provide the ESA with appropriate care to include maintaining food, water, exercise, and a clean environment.
8. The owner will immediately pick up and properly dispose of all waste by placing it in the dumpsters outside of the residential facilities, including but not limited to feces (including outdoors) and soiled litter.
9. The owner agrees to allow University staff to enter their room at any time if there is reason to believe that the ESA is a health or safety risk or damaging property.
10. If appropriate for the type of animal, the owner will provide veterinary records (including proof of vaccinations annually) and certify that the ESA has been spayed/neutered.
11. The owner will comply with all state and local animal control laws.
12. If the owner leaves for more than 24 hours—or for such a length of time which would reasonably require a dog to be brought outside, the owner must either secure another student to care for the ESA or bring the ESA with them. When the residence halls are closed for breaks, the ESA must vacate campus.
13. If the ESA is removed from the premises for any reason, the student will fulfill their housing obligation for the remainder of the academic term.
14. The owner agrees to remove the ESA from campus if: (a) the ESA becomes a nuisance to others, (b) if the ESA threatens or injures another human or animal, (c) if staff determines that the living space is not being cleaned appropriately or damage is being done by the ESA, or (d) the owner does not abide by any of the requirements described herein.

Completing the Housing Accommodation Request Form for Emotional Support Animals

Section 1: Completed by the student requesting the medical accommodation.

Section 2: Completed by a licensed diagnostician or qualified clinician (e.g. primary physician, nurse practitioner, physician's assistant, licensed mental health professional, etc.). The diagnostician must have an established patient relationship with the student, have provided treatment for the condition, and be an impartial individual who is not a family member of the student.

Section 3: Completed by a veterinarian who has an established patient relationship with the animal and serves as an impartial individual who is not a family member of the student.

Submitting completed forms: The student shall submit all sections through the OAS Intake Form on myCU. Questions about how to access the intake form should be addressed to oas@clarkson.edu or 315-268-7643.

Requests for follow-up information and committee decisions will be sent to the student's Clarkson email.



Section 1: Completed by Student

First and Last Name: _____

Student ID: _____

Email: _____@clarkson.edu

Graduation Year: 20_____

Semester you are requesting the accommodation to begin: Fall 20_____ Spring 20_____

Type of request: Temporary condition Ongoing or permanent condition

Briefly describe the disabling condition/diagnosis for which you are requesting reasonable accommodation.

Indicate the major life functions that are substantially limited by the related condition in your living environment. Describe the ways in which those functions are substantially limited.

In what ways does the ESA reduce or alleviate one or more of the symptoms/effects of your condition, specifically related to your living environment?

Please complete the requested information regarding your ESA request.

Length of time you have owned the ESA: _____

Type: Dog Cat Other: _____

Breed(s): _____

Sex: Female Male

Name: _____

Weight: _____

Color(s): _____

Height: _____

I understand that once this form is submitted, the form and relevant medical documentation included in my request will be reviewed by members of the Housing Accommodation Committee. I understand that this information will only be used in evaluating my request and if applicable, planning for my accommodation. The statements and documentation in my application are accurate as I know them. I understand that intentionally providing false information would constitute a violation of the Code of Student Conduct and will result in disciplinary action.

Student Signature

Date

Section 2: Completed by Licensed Diagnostician or Clinician

The student is applying for use of an Emotional Support Animal (ESA) in University housing. An ESA is an animal that provides assistance in the form of emotional support which reduces or alleviates one or more identified symptoms or effects of a person's disability. Under the Fair Housing Act, a person may keep an assistance animal in their dwelling unit if there is an identifiable relationship or nexus between the disability and the assistance the animal provides.

This form must be completed by an appropriate licensed diagnostician or qualified clinician (e.g. primary physician, nurse practitioner, physician's assistant, licensed mental health professional, etc.). The diagnostician must have an established patient relationship, have provided treatment for the condition, and be an impartial individual who is not a family member. This completed form can be returned via email at oas@clarkson.edu or fax ATTN: OAS at (315)268-6643.

Patient/Student Name: _____ Date: _____

Current diagnosis and date of original diagnosis: _____

What evidence can you provide between the diagnosis/symptoms, the need for the Emotional Support Animal, and how the specific animal will benefit the student? _____

What evidence can you provide that would indicate that the student would not be able to use, and enjoy living in, University residential facilities if an ESA is not approved? _____

By completing this form, I attest that the patient/student's aforementioned one or more conditions rise to the level of a disability under ADA/504 and require reasonable accommodation. I also attest that I have reviewed Section 1 (completed by the patient/student) and completed Section 2 accurately and to the best of my ability.

Printed Name and Title	Signature	Date
Certification or License #	Phone #	Fax #
Clinic Name	Street Address	City, State, ZIP Code

Section 3: Completed by Veterinarian

This form must be completed by a veterinarian who has an established patient relationship with the animal and serves as an impartial individual who is not a family member of the student. Additional pages may be attached if necessary. This completed form can be returned via email at oas@clarkson.edu or fax ATTN: OAS at (315)268-6643.

Student Name: _____ Date: _____

Animal's Name: _____ Type of Animal: _____

1. Is this animal housebroken or confined as such that being housebroken is not necessary?
 Yes No; please explain: _____

2. Has this animal received all appropriate vaccinations (attach vaccination record as appropriate)?
 Yes No; please explain: _____

3. Has this animal been spayed/neutered, if applicable?
 Yes No; please explain: _____

4. Is this animal in overall good health?
 Yes No; please explain: _____

5. Does this animal exhibit any behaviors that could unduly interfere with the enjoyment of campus living facilities by roommates, suitemates, and/or members of the University community?
 No Yes; please explain: _____

6. The average sized room is approximately 170 square feet. This space may be occupied with or without a roommate depending on the student's housing assignment. Based on your assessment of this animal and owner, do you feel that this animal can appropriately reside in University housing without detriment to this animal's health?
 Yes No; please explain: _____

Printed Name and Title	Signature	Date
License #	Phone #	Fax #
Clinic Name	Street Address	City, State, ZIP Code