

Student Health Verification Form for Assistance/Emotional Support Animal Housing Accommodations

Hamilton College supports students seeking accommodations for disabilities, including assistance/emotional support animal housing accommodations. The Accessibility Resources Office located in the Elihu Root House, strives to ensure that qualified students with disabilities are accommodated in a manner that supports therapeutic treatment.

Students who wish to receive assistance/emotional support animal housing accommodations must have this form completed by a qualified health care provider, which may be a certified physician, other diagnosing medical professional, or specialist psychologist, psychiatrist, neurologist, etc. *The individual completing this form must have first-hand knowledge of the student’s condition and will be an impartial professional who is not related to the student.*

Once this completed form is received along with other required documents, the student will be notified if their request is either approved or not reasonable and appropriate.

This form should be returned to the Accessibility Resources Office by mail, email or fax:

Allen Harrison, Jr.
Assistant Dean for Accessibility Resources
Hamilton College
198 College Hill Road
Clinton, NY 13323

Email: aharriso@hamilton.edu
Fax: 315.859.4077

Phone: 315.859.4021
Office Hours: Academic year – 8:30 a.m.-4:30 p.m./Summer hours – 8:00 a.m.-4:00 p.m.

Student Information (to be completed by the student)

Permission to release information to Hamilton College

Name (please print): _____ Date: _____ Signature: _____

Student ID#: _____ Phone #: _____ Email Address: _____

Please be specific in describing your assistance/emotional support animal housing request:

Specify the medical or psychological disability and how it impacts you as a residential student:

*******TO BE COMPLETED BY A CERTIFIED PROFESSIONAL*******

**VERIFICATION OF ASSISTANCE/EMOTIONAL SUPPORT ANIMAL NEED FOR HOUSING
ACCOMMODATION**

To be completed by the current diagnosing professional (please type or print legibly):

- 1. What are the diagnosis, severity and diagnostic criteria/tests used?**

- 2. What are the dates of the most recent evaluation and last contact?**

- 3. What is the expected duration of this condition?**

- 4. Please describe current treatments and/or medications currently prescribed.**

- 5. How does this disability impact the student's ability to function effectively in the residence hall (on-campus)?**

- 6. Are there any situations or environmental conditions that might lead to exacerbation of the condition?**

- 7. Describe why having an assistance/emotional support animal reside with the student is essential.**

8. To your knowledge has the student had an assistance/emotional support animal previously? Explain.

9. Have the student and you discussed responsible care for the animal? Explain.

10. Please describe the health impact if the housing accommodation isn't met.

Name: _____ Credentials: _____

License/Certification Number and State of Licensure: _____

SIGNATURE OF CERTIFYING PROFESSIONAL: _____ DATE: _____

Name of Certifying Profession (please print): _____

Street Address

City, State & Zip Code

Email Address

This document may not be released without written permission from the student. It will be destroyed seven years after the student is no longer enrolled at Hamilton College.