



## Assistance Animal Housing Accommodation Request Form

John Carroll University (“JCU” or the “University”) provides reasonable accommodations to students with disabilities who have a verifiable need for a reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy University housing. The enclosed Reasonable Accommodation Verification Form for Emotional Support Animals authorizes an appropriately qualified health professional who has evaluated the Student Resident (“Resident”), to provide the information requested on this form.

*The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as medication or other treatment or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability.*

### Part I: TO BE COMPLETED BY STUDENT

Name: \_\_\_\_\_ Banner #: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

This is (check one): New Request \_\_\_\_\_ Renewal of a previous request \_\_\_\_\_

Requesting for (check) \_\_\_\_\_ Fall Semester \_\_\_\_\_ Spring Semester (list year)

A. Diagnosis(es): \_\_\_\_\_  
\_\_\_\_\_

B. Breed and name of animal you are requesting:  
\_\_\_\_\_

C. Explain how the ESA you are requesting will impact your current symptoms:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### **PART II: TO BE COMPLETED BY LICENSED PROVIDER**

**Name of resident:** \_\_\_\_\_

A. Does the resident have a disability under this definition? \_\_\_\_\_ Yes \_\_\_\_\_ No

B. Please identify the resident’s impairment(s) and describe how each impairment substantially limits his/her ability to perform a major life activity as compared to most people in the general population:

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C. Please identify if the resident is using any measure (e.g. prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations.

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D. Please explain how the accommodation of an emotional support animal is necessary for the resident to use and enjoy University housing as compared to a person without a disability.

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E. What type of animal is being requested? \_\_\_\_\_

F. Please identify any other accommodation that may be equally effective in allowing the resident to use and enjoy university housing:

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*My signature verifies that I am a treatment/assessment professional and that the contents are accurate.*

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please submit completed forms to:

**Student Accessibility Services**  
**John Carroll University**  
**1 John Carroll Boulevard**  
**University Heights, Ohio 44118**  
**Phone: (216) 397-4967**  
**Fax: (216) 397-1820**  
**Email: [sas@jcu.edu](mailto:sas@jcu.edu)**