



EMOTIONAL SUPPORT ANIMAL VERIFICATION FORM
SPARTANBURG METHODIST COLLEGE | ACCESSIBILITY RESOURCES

The student named below is requesting to have an emotional support animal in Spartanburg Methodist College's campus housing as a reasonable accommodation under the provisions of the Fair Housing Act. The Fair Housing Act permits Spartanburg Methodist College to request reliable disability-related information that (1) is necessary to verify that the student meets the Fair Housing Act's definition of disability ("a physical or mental impairment which substantially limits one or more major life activities"), (2) describes the need for the emotional support animal in campus housing, and (3) shows the relationship between the person's disability and the need for the requested accommodation of having the animal in campus housing.

Please provide the name, title, and contact information of the medical or mental health provider who is completing this form as well as the provider's relationship with the student listed below.

You may also attach a letter or other documentation that includes the required information.

I AM REQUESTING THAT SPARTANBURG METHODIST COLLEGE PERMITS ME TO HAVE AN EMOTIONAL SUPPORT ANIMAL IN CAMPUS HOUSING AS A REASONABLE ACCOMMODATION FOR A DISABILITY.

Student's Name: \_\_\_\_\_

\*TO BE COMPLETED BY STUDENT'S MEDICAL OR MENTAL HEALTH PROVIDER:\*

Medical or Mental Health Provider's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

FAX Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Date of most recent clinical appointment with student: \_\_\_\_\_

What is the student's DSM-V diagnosis? \_\_\_\_\_

What type of emotional support animal is being requested (i.e., dog, cat, etc.): \_\_\_\_\_

Does the student have a physical or mental impairment which substantially limits one or more major life activities?
\_\_\_ YES \_\_\_ NO

Please check which of the following major life activities are impacted by the student's disability:

- \_\_\_ Seeing \_\_\_ Hearing \_\_\_ Eating \_\_\_ Sleeping
\_\_\_ Walking \_\_\_ Standing \_\_\_ Lifting \_\_\_ Bending
\_\_\_ Speaking \_\_\_ Learning \_\_\_ Reading \_\_\_ Breathing
\_\_\_ Thinking \_\_\_ Working \_\_\_ Communicating \_\_\_ Concentrating
\_\_\_ Caring for oneself \_\_\_ Performing manual tasks
\_\_\_ Other—please describe: \_\_\_\_\_



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Please provide any additional information that might be useful in verifying that the student's disability meets the Fair Housing Act's definition of disability. \_\_\_\_\_

\_\_\_\_\_

Does the emotional support animal perform work or do tasks for the student because of his/her disability? \_\_\_ Yes  
\_\_\_ No \_\_\_ Other: \_\_\_\_\_

If the animal has been trained to do work or perform tasks that alleviate symptoms or effects of the student's disability or if the animal is not trained but still is able to reduce symptoms or effects of the student's disability, in what ways?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the animal necessary to provide the student with an equal opportunity to use and enjoy his/her campus residence?  
\_\_\_ Yes \_\_\_ No \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

Please describe how the emotional support animal is necessary in campus housing to afford the student with an equal opportunity to use and enjoy his/her campus residence.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any additional information you would like to share that might assist Spartanburg Methodist College in evaluating the student's accommodation request?

\_\_\_\_\_  
\_\_\_\_\_

**For the medical or mental health provider:** Your signature below indicates that the information provided is accurate and true, to the best of your knowledge. You further attest that you are not related by blood or marriage to the student who is requesting the accommodation.

Medical Provider Signature: \_\_\_\_\_

Medical Provider or Mental Health Provider's license number or other credentials, if applicable:

\_\_\_\_\_

Today's Date: \_\_\_\_\_