

# SMC Service/ Emotional Support Animal Verification Form

This form should be completed by the student AND their medical OR mental health provider.

The student named below is requesting to have a service/ emotional support animal in SMC 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 of more major life activities"), (2) describes the need for the service/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 SERVICE/ EMOTIONAL SUPPORT ANIMAL IN CAMPUS HOUSING AS A REASONABLE ACCOMMODATION FOR A DISABILITY.**

Student's First Name: \_\_\_\_\_ Student's Last Name: \_\_\_\_\_

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## **TO BE COMPLETED BY MEDICAL OR MENTAL HEALTH PROVIDER:**

Medical or Mental Health Provider's Name

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Occupation Title: \_\_\_\_\_

Phone: (\_\_\_\_) – \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) – \_\_\_\_\_ - \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Date of Most Recent Clinical Appointment with Student: \_\_\_\_/MM \_\_\_\_/DD \_\_\_\_/YYYY

What type of service/emotional animal is being requestion (i.e. dog, cat, etc.)? \_\_\_\_\_

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

If yes, please check which of the following major life activities are impacted by the student's disability:

Seeing: \_\_\_\_ Hearing: \_\_\_\_ Eating: \_\_\_\_ Sleeing: \_\_\_\_ 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:

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

If yes, 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?

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

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

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

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For the medical or mental health provider: By typing my full name, I indicate that all the information I have provided is accurate and true, to the best of my knowledge. I further attest that I am not related by blood or marriage to the student who is requesting the accommodation.

Medical Professional Full Name: \_\_\_\_\_

Medical Provider or Mental Health Provider's License Number or Other Credentials, if applicable:

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