

SPARTANBURG METHODIST COLLEGE
Assistance or Emotional Support Animal
Verification Form

This form should be completed by both the student AND his/her medical or mental health provider.

The student names below is requesting to have an assistance or emotional support animal in Spartanburg Methodist College 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 assistance or 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 ASSISTANCE OR 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 type of assistance or 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? (Please circle.) YES NO

Please circle 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. _____

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 assistance or emotional support animal perform work or do tasks for the student because of his/her disability? (Please circle.) YES NO

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? (Please circle.) YES NO

Please describe how the assistance or 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: My signature below indicates that 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.

Signature of Medical or Mental Health Provider

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

Today's Date: _____