



Emotional Support Animal Accommodation Request Form

Cornell College provides reasonable accommodations to students with disabilities who have a verifiable need for accommodation. In the case of a campus housing resident who requests a reasonable accommodation for an Emotional Support Animal ("ESA") (sometimes referred to as assistance, therapy, or companion animal) that provides emotional or other assistance that ameliorates one or more symptoms or effects of the resident's disability, Cornell College may require a statement, on official letterhead, from a licensed health care or social service professional. "Health care or social service professional" means a person who provides medical care, therapy or counseling to persons with disabilities, including, but not limited to, doctors, physician assistants, psychiatrists, psychologists, or social workers.

Complete details of the process for requesting an accommodation can be found at <http://www.cornellcollege.edu/residence-life/housing/special-consideration.shtml>. The student's care provider must provide all information requested in the attached packet.

- The provider must be a licensed psychiatrist, social worker or other licensed health care professional and must be able to state that the student under their care, has a disability, and an animal is prescribed to alleviate one or more of the symptoms of the student's condition.
- The student must provide all information in Section A of this document in order to be considered for an emotional support animal.
- Generally, we accept documentation from licensed providers in the State of Iowa or the student's home state who have personal knowledge of the student, consistent with their professional obligations.



Section A: To be completed by the student

Student Name: _____ Student ID#: _____

Email Address: _____ Cell Phone #: _____

I am (please check one): ___a current Cornell Student ___an incoming new first-year or transfer student

Year and block for which I am requesting accommodations to begin: _____

Name of proposed animal: _____ Type of Animal: _____

Age of Animal: _____

Length of Relationship with Animal: _____ years _____ months

By signing below, I request that information from my health care professional be used in support of my request for an emotional support animal. I understand that this documentation may be reviewed by and discussed with members of the Housing Committee as appropriate and protecting confidentiality to the extent possible (Housing Committee members are detailed on the website above).

Student Signature: _____ Date: _____

The College recognizes that having an ESA in the residence hall can be beneficial for individuals with a disability. The College will carefully consider the practical limitations of our housing arrangements as well as the impact of the requested ESA on both the student and the College community to determine whether an ESA would be a reasonable accommodation. Students will be notified via campus email as to the committee's decision within 30 days of this form being submitted.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.



Section B: Treating Professional's Letter, to be completed by licensed health care professional

The student named above has requested an emotional support animal at Cornell College and has indicated that you are their licensed physician, psychiatrist, or the mental health care provider. The student has requested an emotional support animal in the residence hall to help alleviate one or more of the identified symptoms or effects of the student's disability. A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities." So that we may better evaluate the request for this accommodation, please answer the following questions and provide documentation in the form of a signed letter on professional letterhead:

- 1) Do you have personal knowledge of this student?
- 2) Is the student under your care?
- 3) Does the student have a disability that substantially limits one or more major life activities?
- 4) Does the requested animal provide emotional support or other assistance that would alleviate one or more symptoms or effects of the disability?

By writing and signing this letter, the health care professional/licensee certifies that he/she/they has 1) met with the student in person or by telemedicine, 2) is sufficiently familiar with the student and the disability, **and** 3) is legally and professionally qualified to make the finding.

Thank you for taking the time to complete this form and create this letter. You may contact Disability Services at this phone number: (319) 895-4207.

This completed form and letter may be submitted in one of the following methods:

- Scanned and emailed to disabilityservices@cornellcollege.edu
- Mailed to Office of Disability Services Cornell College
600 First Street SW
Mount Vernon, IA 52314
- Faxed to (319) 895-5187