



Verification Form for Assistance Animal Housing Accommodations

Hamilton College supports students seeking accommodations for disabilities, including assistance animal housing accommodations. Accessibility Services located in the Dean of Students Office, strives to ensure that qualified students with disabilities are accommodated in a manner that supports therapeutic treatment.

Students who wish to receive assistance animal housing accommodations must have this form completed by a qualified health care provider, which may be a certified physician, other diagnosing medical professional, or specialist psychologist, psychiatrist, neurologist, etc.). *The individual completing this form must have first-hand knowledge of the student's condition and will be an impartial professional who is not related to the student.*

Once this completed form is received along with other required documents, the student will be notified if their request is either approved or not reasonable and appropriate.

This form should be returned to the Dean of Students Office by mail, email or fax:

Allen Harrison, Jr.
Assistant Dean for International Students and Accessibility
Dean of Students Office
Hamilton College
198 College Hill Road
Clinton, NY 13323

Email: aharriso@hamilton.edu

Fax: 315.859.4077

Phone: 315.859.4021

Office Hours: Academic year – 8:30 a.m.-4:30 p.m./Summer hours – 8:00 a.m.-4:00 p.m.

Student Information (to be completed by the student)

Permission to release information to Hamilton College

Name (please print): _____ Date: _____ Signature: _____

Student ID#: _____ Phone #: _____ Email Address: _____

Please be specific in describing your essential assistance animal housing request:

Specify the medical or psychological disability and how it impacts you as a residential student:

8. To your knowledge has the student had an assistance animal previously? Explain.

9. Have the student and you discussed responsible care for the animal? Explain.

10. Please describe the health impact if the essential housing accommodation isn't met.

Name: _____ Credentials: _____

License/Certification Number and State of Licensure: _____

SIGNATURE OF CERTIFYING PROFESSIONAL: _____ DATE: _____

Name of Certifying Profession (please print): _____

Street Address

City, State & Zip Code

Email Address

This document may not be released without written permission from the student. It will be destroyed seven years after the student is no longer enrolled at Hamilton College.

*Adapted from the University of Vermont Verification Form for Disability-Related Housing Accommodations
Academic Success Programs
Division of Student Affairs*