

## **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 complet    | ted by the student)           |   |
|-----------------------------|--------------------------------|---------------|-------------------------------|---|
|                             | Permission to release in       | formation to  | Hamilton College              |   |
| Name (please print):        |                                | Date:         | Signature:                    | _ |
| Student ID#:                | Phone #:                       |               | Email Address:                | _ |
| Please be specific in descr | ribing your essential assistan | nce animal ho | ousing request:               |   |
|                             |                                |               |                               |   |
|                             |                                |               |                               |   |
| Specify the medical or psy  | ychological disability and ho  | ow it impacts | you as a residential student: |   |
|                             |                                |               |                               |   |
|                             |                                |               |                               |   |
|                             |                                |               |                               |   |
|                             |                                |               |                               |   |

## \*\*\*\*\*TO BE COMPLETED BY A CERTIFIED PROFESSIONAL\*\*\*\*\*

## VERIFICATION OF ASSISTANCE ANIMAL NEED FOR HOUSING ACCOMMODATION

To be completed by the current diagnosing professional (please type or print legibly):

| 1. What are the diagnosis, severity and diagnostic criteria/tests used?   |
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| 2. What are the dates of the most recent evaluation and last contact?   |
| 3. What is the expected duration of this condition?   |
| 4. Please describe current treatments and/or medications currently prescribed.                                      |
| 5. How does this disability impact the student's ability to function effectively in the residence hall (on campus)? |
| 6. Are there any situations or environmental conditions that might lead to exacerbation of the condition?           |
| 7. Describe why having an assistance animal reside with the student is essential.                                   |

| 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