



# Request for Services: Emotional Support Animal

## Accessibility Services

701-774-4224 | [wsc.accessibility@willistonstate.edu](mailto:wsc.accessibility@willistonstate.edu)

Williston State College is dedicated to providing reasonable accommodations to students and on-campus residents who have a verifiable need for the accommodation. The purpose of an accommodation is to either lessen or eliminate a barrier to access. A reasonable accommodation does not put an undue burden on either party.

For students currently living on campus or applying to live on campus. Williston State College may not provide adjustments to housing policies due to a medical condition that does not rise to the level of disability but does cause daily discomfort.

Verification of the need for the accommodation or adjustment due to medical condition requires clinical support provided by an appropriate professional. Verifier will need your completed Section I to complete Section II.

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Please submit **Request for Services: Emotional Support Animal** and all supporting documentation to: Williston State College, Accessibility Services, 1410 University Avenue, Williston, ND 58801 or email to [wsc.accessibility@willistonstate.edu](mailto:wsc.accessibility@willistonstate.edu) or fax to 701-774-4211. Call 701-774-4224 or 1-888-863-9455 for more information. **Incomplete information may result in a delay of accommodation requests.**

### Section I: To be completed by applicant.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Do you currently live on campus? ☐ Yes ☐ No Campus Address \_\_\_\_\_

Do you intend to live on campus? ☐ Yes ☐ No Have you submitted a Housing Application? ☐ Yes ☐ No

The Americans with Disabilities Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activity. Do you have a disability?

- ☐ Yes, I have a disability.
- ☐ No, I do not have a disability.
- ☐ I do not know.

I have attached a copy of the Emotional Support Animal's:

- ☐ City license
- ☐ Proof of spaying or neutering procedure
- ☐ Up-to-date immunization record

Please state your request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain how your request lessens or eliminates the adverse effects of your disability or medical condition (attach a separate typed sheet if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Accessibility Services agrees to keep information and records concerning the student's disability confidential in compliance with the Family Education Rights and Privacy Act (FERPA), North Dakota state statutes and the professional and ethical standards of the Association on Higher Education and Disability (AHEAD).*

*I certify that the information provided on this form is accurate to the best of my knowledge. I understand that I will need to provide disability documentation to support the need for my requested accommodations. I understand that reasonable accommodations are determined after a thorough review of the documentation and an interactive assessment between Accessibility Services and me.*

*This signature authorizes the verifier to provide answers to the questions in Section II of this form.*

*If my request is granted, I furthermore give permission to Accessibility Services to disclose to others impacted by the presence of my ESA (e.g., Residence Life staff, potential and/or actual roommate(s)/neighbor(s)), that I will be living with an animal as an accommodation. This notice will be limited only to information regarding the presence of an animal in the building as an accommodation to a student with a disability. There will be no disclosure of the student's disability. I understand that this information will be shared with the intent of preparing for the presence of the ESA and/or resolving any potential issues associated with the presence of the ESA.*

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Williston State College is an equal opportunity institution and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, sexual orientation, gender identity, genetic information, creed, marital status, veteran's status, political belief, disability or affiliation or any other status protected by law.

Clinical evidence to support the request must be provided by a Licensed Professional with expertise in the identified disability. We will accept documentation from providers in the state of North Dakota or the student's home state. *Have your medical provider or the professional with expertise in the area of your disability and knowledge of your current condition fill out this brief form to support your request.*

## **Section II: To be completed by verifier. Please print.**

*Student's Name:* \_\_\_\_\_

*Emotional Support Animal:*   ☐ cat   ☐ dog   ☐ other \_\_\_\_\_

The above-named student has indicated that you are the physician, psychiatrist, or mental health worker who suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the ESA request, please answer the following questions:

Please describe the length and nature of your relationship with the student. \_\_\_\_\_

*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."* Considering the Federal definition of disability, including the Fair Housing Act, the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act of 1973, does this student/resident have a disability?

☐ Yes ☐ No

The legal definition of a reasonable accommodation is: an alteration to the physical structure of the facility or an exception to the rules or policies governing the facilities. The purpose of the accommodation is to either lessen or eliminate the adverse effects of the disability. A reasonable accommodation does not put an undue burden on either party. In your opinion, is the request described in Section I of this form necessary for this student/resident to live on campus while attending Williston State College?

☐ Yes ☐ No

Describe how an ESA will lessen or eliminate the adverse effects of the disability. If attaching a statement, it should be on letterhead or professional stationery.

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### **Verifier**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Clinic: \_\_\_\_\_

Professional Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Verifier

\_\_\_\_\_  
Date

**Please return to:**

Williston State College

Accessibility Services

1410 University Ave

Williston, ND 58801

[wsc.accessibility@willistonstate.edu](mailto:wsc.accessibility@willistonstate.edu)

### **Section III. To be completed by Accessibility Support Specialist and Student.**

Accessibility Support Office aims to provide equal access and opportunity to all academic programs and campus activities for students with disabilities. The Accessibility & Retention Specialist works with faculty, staff and students to create student accommodation plans to ensure this equal access and opportunity.

Is there evidence that an ESA has helped you in the past or currently? Please explain. \_\_\_\_\_

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Are you aware of the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe these responsibilities might exacerbate your symptoms in any way? \_\_\_\_\_

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ESAs are only permitted in the Owner's assigned living accommodations and must be cared for by the Owner. The minute an ESA is left in the care of someone other than the Owner in the residential hall it is no longer an ESA – it is a pet. Do you have a schedule/plan as to how you will properly care for the animal while attending WSC? Please Explain.

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Signature of Accessibility Specialist

Date