



Request for Services: Emotional Support Animal Accessibility Services

701-774-4224 | 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.

*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 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

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.

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

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. _____

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? _____

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.

Signature of Accessibility Specialist

Date