

Clarkson College
Emotional Support Animal Student Housing Agreement

Name of Student _____

Registration Date _____ Expected Graduation Date _____

Type and Description of Animal:

Agreement:

I have read the Clarkson College Policy for the Use of an Emotional Support Animal and agree to abide by this policy as well as any reasonable requests made of me by the College at a later date.

Initials: _____

I agree to assume all responsibility for the care, control, and supervision of the animal that I have with me at Clarkson College and that, where applicable, my animal has been licensed and up-to-date on all required vaccinations.

Initials: _____

I assume all liability for injury or damage caused by any preventable actions of my emotional support animal.

Initials: _____

I understand that I am responsible for arranging alternative care of my animal in case of emergency or required to be removed due to disruption, damage, etc.

Please provide emergency contact information:

Emergency Contact Name:

Phone #1 _____

Phone #2 _____

Address:

Email:

Initials: _____

I accept responsibility for carrying out all reasonable requests made by my roommates and College staff regarding community and personal health, safety, and comfort directly related to the presence of my animal.

Initials: _____

I understand that animal-related complaints will be investigated by the Residence Hall Coordinator and Director of Facilities with the possibility that sanctions may be imposed.

Initials: _____

Veterinarian Contact Information:

Name:

Business (clinic name):

Phone:

Address:

By signing below, I verify that I have read and agree to abide by all of the stipulations outlined in this policy and in the agreements associated with this policy.

Print Name: _____

Signature: _____

Date: _____

Consent Statement:

By signing below, the student will provide written consent for the Accommodations Coordinator to disclose information regarding the request for and presence of the ESA to those individuals who may be impacted by the presence of the animal, including, but not limited to, Residence Life Staff, Facilities Staff, potential and/or actual roommates/neighbors. Such information shall be limited to information related to the animal and shall not include information related to the individuals disability.

Print Name:

Signature:

Date:

Accommodations



ESA Review Process New Students

Student Name:

Student Phone Number:

New students choosing to live on campus may apply to have an ESA in the residence halls with proper documentation. **This outlined process must be completed, and the ESA accommodation must be approved before an animal can be brought to campus.** Any animal on campus without approval is in violation of the campus Emotional Support Animal policy (SW-38) and the Pet Policy (find number), the Code of Conduct Policy (find number), and may result in disciplinary action. **Completion of this process does not guarantee approval of the ESA.**

Please complete this checklist to ensure all information is received and can be reviewed in a timely manner:

- Contact the Accommodations Coordinator to discuss the process for receiving Accommodations at Clarkson College.
- Complete the “ESA for Student” form.
- Have your healthcare provider complete the “ESA – Verification for Medical Providers” form and submit it to the Accommodations Coordinator.
- Complete the “Clarkson College Emotional Support Animal Student Housing Agreement” portion of the Emotional Support Animal Policy (SW-38)
- Provide a copy of the pet licensure and vaccinations to the Accommodations Coordinator.

For Administration Use Only:

Requirement	Date	Notes
Contact the Accommodations Coordinator to discuss the process for receiving Accommodations at Clarkson College.		
“ESA for Student” form		
“ESA – Verification for Medical Providers” form		

"Clarkson College Emotional Support Animal Student Housing Agreement"		
Pet licensure and vaccinations		

Accommodations



ESA Review Process

Current Students

Student Name:

Student Phone Number:

Current students living on campus may apply to have an ESA in the residence halls with proper documentation. This outlined process must be completed, and the ESA accommodation must be approved before an animal can be brought to campus. Any animal on campus without approval is in violation of the campus Emotional Support Animal Policy, the Pet Policy, and the Code of Conduct Policy and may result in disciplinary action. **Completion of this process does not guarantee approval of the ESA.**

Please have the appropriate people sign and date after each step in the process is completed.

Meet with the Accommodations Coordinator to complete an intake interview, ensure all paperwork regarding your disability is on file and that accommodations have been discussed.

Signature **Date**

Meet with Residence Life Coordinator – roommate agreement must be completed prior to approval.

Signature **Date**

Complete paperwork required for ESA consideration (Verification Form for Medical Providers; ESA Form for Students; ESA Policy – SW-38).

Signature **Date**

Copy of pet licensure and vaccinations on file with both Residence Life Coordinator and Accommodations Coordinator (requires both signatures).

Residence Life Coordinator Signature **Date**

Accommodations Coordinator Signature **Date**

Once these steps are complete and accounted for via signatures, then the student will be notified of ESA approval status.

Accommodations



Student Request Form for ESA Accommodation in Student Housing

Clarkson College recognizes the importance of providing reasonable accommodation in its student housing policies and practices where necessary for students with disabilities to use and enjoy student housing. A reasonable accommodation is an exception to the usual rules or policies that a resident with a disability may need to have an equal opportunity to use and enjoy student housing.

PLEASE PROVIDE DETAILED INFORMATION:

Name of Student/Resident (print):

Specific Reasonable Accommodation being requested (please add additional pages, if necessary):

Please identify your disability and why you believe the accommodation is necessary because of your disability:

Proposed Animal Information:

Breed/type:

Age of the animal:

Size of the animal (in pounds). (Additional information may be requested to ensure the size of the animal is reasonable for the living accommodations based on the Animal Welfare Act Regulations.):

In circumstances where either your disability and/or requested accommodation is not obvious, you must provide a verification from a reliable third-party (e.g., a physician or other medical professional) establishing that you have a disability and that the accommodation is necessary to provide you an equal opportunity to use and enjoy student housing. Please identify the person that can provide such verification, if necessary.

Name:

Title:

Address:

Telephone:

Student/Resident Signature:

This signature authorizes the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy student housing.

You may return the form in person, by fax, or email to:

Accommodations Coordinator

101 S. 42nd St.

Omaha, NE 68131

(402) 552-2693

Fax: (402) 552-2689

Email: accommodations@clarksoncollege.edu

MEDICAL PROVIDER VERIFICATION FORM EMOTIONAL SUPPORT ANIMAL IN STUDENT HOUSING

Clarkson College provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy student housing.

“The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as medication or other treatment or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability.”

Student Name: _____ DOB: _____

PROPOSED ESA:

Type of Animal:

Name of Animal:

Age of Animal:

PLEASE PROVIDE DETAILED INFORMATION ABOUT THE STUDENT:

The above named student has indicated that you are the individual who has suggested that having an Emotional Support Animal in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. Documentation from a provider in the State of Nebraska, the State of Iowa or the student’s home state will be considered acceptable documentation.

Does the student have a disability under the definition above? ____ Yes ____ No

Please identify the student’s impairment(s) and describe how the impairment(s) substantially limits his/her ability to perform a major life activity as compared to most people in the general population:

Please identify if the student is using any measure (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations:

PLEASE PROVIDE DETAILED INFORMATION ABOUT THE PROPOSED ESA:

Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus? Yes No

Please provide what symptoms will be reduced by having an ESA:

Please provide evidence regarding how this/an ESA has helped this student in the past or currently?

PLEASE PROVIDE DETAILED INFORMATION ABOUT THE IMPORTANCE OF ESA TO STUDENT'S WELL-BEING:

In your opinion, what is the importance in relation to the student's well-being, of having an ESA be in residence on campus?

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Yes No

Do you believe those responsibilities might exacerbate the student's symptoms in any way?
 Yes No

If so, how? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Please identify any other accommodation that may be equally effective in allowing the student to use and enjoy student housing:

Date of your first meeting with this student regarding this mental health diagnosis:

Name of Verifier (print):

Address:

Telephone Number:

Email Address:

Professional Signature:

License #:

Please return this signed document to:

Julie Taylor-Costello, PhD
Director, Academic Success
Clarkson College
101 S. 42nd St.
Omaha, NE 68131
taylorcostellojulie@clarksoncollege.edu
Fax: 402-552-2689

Roommate Acknowledgement

By my signature below, I understand that I will share the common areas of my assigned residential space with the animal approved by this Emotional Support Animal Housing Agreement. Should I have any concerns regarding the care and control of the animal, I will respectfully discuss my concerns with the animal owner one-on-one. If we cannot reach an agreement, I will contact the Residence Hall Coordinator to help resolve these concerns.

Apartment: _____

Roommate(s):

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

I have discussed this request with my roommate(s) and by their signature(s) above; they have indicated their agreement to share our residence with my approved emotional support animal.

Emotional Support Animal Owner Signature: _____

Date: _____

Responsible Department:
Accommodations Office