

Reasonable Accommodation Verification Form for Emotional Support Animals in Department of Residence Housing

Iowa State University 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 Department of Residence housing.

Instructions for Verifier: The individual below has made a request for accommodations. Please review the statement below and provide the information requested.

Resident (Student) Name: _____ **Date of Birth:** _____

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 limitation caused by their impairment, the person does not have a disability.

1. Does the resident have a disability under this definition? Yes _____ No _____

2. Please identify the resident's impairment(s) and describe how each impairment substantially limits his/her ability to perform a major life activity as compared to most people in the general population.

3. Please identify if the resident 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.

4. Please explain how the accommodation is necessary for the resident to use and enjoy University housing as compared to a person without a disability.

5. Please identify any other accommodation that may be equally effective in allowing the resident to use and enjoy University housing.

Signature of Verifier: _____ Date: _____

Name and Position of Verifier (print): _____

Name of Institution/Agency/Place of Employment: _____

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Please return this signed document to:

Student Disability Resources
Iowa State University
1076 Student Services Bldg.
2505 Union Drive
Ames, IA 50011
Phone: 515-294-7220
Fax: 515-294-2397
Email: disabilityresources@iastate.edu