

EMOTIONAL SUPPORT ANIMAL ACCOMMODATION VERIFICATION FORM  
Accessibility Services Office – Page 1 of 3

MVNU provides equal access to all educational and programmatic activities and abides by section 504 of the Rehabilitation Act of 1973 and the applicable provisions of the Americans with Disabilities Act (ADA) of 1990. The Office of Accessibility Services' facilitates a process for students to self-disclose documented disabilities and fosters a campus environment that is accessible, inclusive, and regulatorily compliant.

A disability is defined as a physical or mental impairment that substantially limits one or more major life activities such as but not limited to: learning, speaking, walking, seeing, hearing, breathing, working, or the ability to care for oneself.

**STUDENT RELEASE OF INFORMATION – MUST BE FILLED OUT BY STUDENT**

This form is one verification option. MVNU will accept other official documents as long as they are from an authorized professional on letterhead with contact information/qualifications and clearly state the disability, current functional limitations, the proposed accommodations and how they mitigate the limitations. Accommodations are not retroactive and will only be implemented after approval. Notification of decisions will be made to the student's email account and to other relevant offices. Qualified professional's recommendations are taken seriously by Accessibility Services but are not guaranteed to be approved as stated. They are considered within the process and what is deemed to be reasonable.

Qualified professionals must have the education and/or professional training for the specific disability they are verifying and are currently or have recently treated the student for said disability. Qualified professionals cannot be related to the student. Examples of qualified professionals include but are not limited to: physicians, specialists, psychologists, psychiatrists, etc.

**Information about the requested Emotional Support Animal (ESA)**

Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_  
Age of Animal: \_\_\_\_\_ Weight: \_\_\_\_\_ Name of Animal: \_\_\_\_\_

I, \_\_\_\_\_, grant permission to the below qualified professional to release confidential information and relevant details related to my application for an Emotional Support Animal request to the appropriate MVNU offices that provide and implement accommodations. This includes but is not limited to Accessibility Services, Campus Safety, Facility Services, and Residence Life. I also understand my request is not complete until this form and the Accommodations Request form are both received.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A QUALIFIED PROFESSIONAL**

Qualified professional's recommendations are taken seriously by Accessibility Services but are not guaranteed to be approved as stated. Recommendations, reasonability, and ADA best practices are all given consideration in the decision making process.

The following information must be legible, whether printed or written.

Qualified Professional's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

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

\_\_\_\_\_  
Qualified Professional Signature

\_\_\_\_\_  
Date

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This form is one verification option. MVNU will accept other official documents as long as the information below is included and is from an authorized professional on letterhead and includes qualifications and contact information.

MVNU strongly supports accommodations that provide students with a disability access to all eligible university programs and services. We recognize that an Emotional Support Animal (ESA) can be an important part of accessing our on campus, residential experience and also complies with the Fair Housing Act policies.

**An Emotional Support Animal (ESA)** must be prescribed to an individual for a documented disability and the prescriber must also be:

1. A licensed professional in Ohio or the student's state of permanent residence;
2. The prescribing individual must be trained to diagnose and evaluate mental or physical health conditions;
3. When the provider can affirm that the ESA alleviates at least one of the identified symptoms or effects of the existing disability.

**Please share the disability and/or diagnosis codes or related tests:** \_\_\_\_\_

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

*Relevant testing or documentation can be attached to this form.*

**Date of Diagnosis:** \_\_\_\_\_ **Date of most recent visit:** \_\_\_\_\_ **Frequency of Visits:** \_\_\_\_\_

**Is the condition permanent?** \_\_\_\_\_ **If temporary, what is the estimated timeframe?** \_\_\_\_\_

**Please clearly describe the disability (and/or related medications) and the current functional limitations. Specifically address how residential living is limited by their disability.** \_\_\_\_\_

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

**Please provide treatment history as it relates to mitigating the disability and associated functioning.**

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

**Have you prescribed an Emotional Support Animal for this student?** \_\_\_\_\_ **When?** \_\_\_\_\_

**What disability symptoms are reduced by having an ESA?** \_\_\_\_\_

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

**In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?** \_\_\_\_\_

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

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In addition to the positive effects from having an ESA, have you and the student discussed any potential negative effects on the student's disability with the added responsibilities of taking care of an ESA in addition to typical college activities and residing in campus housing? Please share if you think symptoms will worsen and any resources or plans for any potential difficulties. \_\_\_\_\_

*Please note that there could be 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.*

Thank you very much for your time to assist in providing reasonable accommodations. With the student's release of information at the top of this form, you may be contacted if further information is needed to act on this student's request.

Please submit this verification document to [AccessibilityServices@mvnu.edu](mailto:AccessibilityServices@mvnu.edu) or fax it to 740-399-8684 as quickly as possible so MVNU can provide the student accommodations in a timely manner.

**For Office Use Only:** Date Request Received \_\_\_\_\_ By Whom? \_\_\_\_\_

Date Verification Received \_\_\_\_\_ By Whom? \_\_\_\_\_

Date & Method (email/phone) to arrange Intake Meeting \_\_\_\_\_ By Whom? \_\_\_\_\_

**Approved Accommodation:** \_\_\_\_\_

**If Applicable, Accommodation Changes Rationale:** \_\_\_\_\_

Accommodation decisions made by: \_\_\_\_\_ Date: \_\_\_\_\_

Accommodation decisions communicated to student by: \_\_\_\_\_ Date: \_\_\_\_\_