Westminster College

Request Form for Service Animal and Emotional Support Animal Accommodations

Certifying Professional Section for Emotional Support Animals

(To be completed by a Certifying Professional who is a reliable third party and is familiar with this student's disability and the necessity for the requested accommodation)

Student's Name : _____ Date of Birth: _____

Today's Date : _____ Semester the request is for (semester/year): _____

1) Does the student named above have a disability as defined by the Fair Housing Act?

   YES NO

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

   _____

   _____

4) Please explain how the requested accommodation is necessary for the student to use and enjoy college housing as compared to a person without a disability.

   _____

   _____

Certifying Professional

Printed Name: _____ License Number: _____

Signature: _____ Date: _____

Title: _____ Organization: _____

Address: _____

Telephone Number: _____ Fax Number: _____