

# 4 V Q Q P S U P S & Q N P S U P O B N B 4 M 3 F R V F T U ' P S N

Mercyhurst University provides reasonable accommodations for a student with a disability who has a verifiable need of having a Support Animal, including an Emotional Support Animal (ESA), in university housing. A reasonable accommodation is an exception to the University's rules, policies, practices, or services that a student with a disability may need to have an equal opportunity to use and enjoy University housing.

This form is to request a **Support Animal or ESA**, and ~~Service Animal~~

## What is the difference?

- x **Service Animals** are defined as dogs, and in instances miniature horses, that are individually trained to do work or perform tasks for people with disabilities. These tasks can include things like pulling a wheelchair, guiding a person who is visually impaired, or alerting a person who is hearing. The tasks a service dog can perform are not limited to this list. However, the work or task a service dog does must be directly related to the person's disability. Service Animals may accompany persons with disabilities into places that the public normally goes. Students with questions about Service Animals should contact the

**The information completed on this form will be reviewed to determine:**

1. That the student is a person with a documented disability;
2. That the ESA being requested is necessary to afford the student, as a person with a disability, an equal opportunity to use and enjoy the on-campus housing facilities;
3. That there is an identifiable relationship between the disability and the support that the ESA provides.

This form is offered as a guide. The ADA/504 Coordinator will review documentation in any format submitted. the extent this information has already been submitted to the ADA/504 Coordinator in another format, the University will not require submission.

The university will use good faith efforts to notify the student of its final determination in writing within ten (10)

**Student Health Care Section to be completed by a healthcare provider or third party with personal knowledge of student's disability**

To properly evaluate how the Mercyhurst University can best meet the student's need for **requesting a Support Animal or Emotional Support Animal (ESA)** in university housing, the university requires information from a health care provider or reliable third party who has personal knowledge of the student's disability (as described by the U.S. Department of Housing and Urban Development), including the use of a Support Animal to address limitations that result from such disability

**Specifically, the information provided on this form will be reviewed to determine whether:**

1. The student is a person with a documented disability
2. The Support Animal or ESA being requested is necessary to afford the student, as a person with a disability, an equal opportunity to use and enjoy the campus housing facilities
3. There is an identifiable relationship between the disability and the support that the Support Animal ESA provides.

**Please respond to all questions below and attach additional related information as appropriate.**

1. **Does the student have a disability, a.k.a. a physical or mental impairment that substantially limits or more major life activities?** Examples of major life activities include impairments to seeing, hearing, walking, breathing, performing manual tasks, caring for oneself, learning, speaking, working, and other impairments that may substantially limit at least one major life activity or bodily function.

**NO.**

**YES** Describe which major life activities or bodily functions are impaired:

2. **Does the student need the Support Animal or Emotional Support Animal because the animal does work, performs tasks, provides assistance, and/or provides therapeutic emotional support to the student's disability?**

**NO.**

**YES** Describe how the Support Animal or Emotional Support Animal does work, performs tasks, provides assistance, or provides therapeutic emotional support that reduces the symptoms and/or effects of the student's disability:

**Health Care Provider/Third Party Information 4-FtD to be completed by Health care provider or reliable third party with personal knowledge of the student's disability:**

I verify that the named student information is correct, and that I have personal knowledge of this student (i.e., knowledge used to diagnose, advise, counsel, treat or provide health care or other disability-related services to a patient/client).

Provider Name:

Provider Qualifications (License Number, Certification, Degree, if applicable):

Address:

Phone:

Email:

Signature:

Date:

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" student who is eligible for a Support or Emotional Support Animal will be required to meet with the ADA/504 Coordinator to review and agree to the following requirements. Failure to follow these requirements may result in the university

Continued violations may result in revocation of the student's ESA registration and authority to keep the ESA in university housing.

9. The student is responsible for the appropriate management of the ESA. An ESA must be reasonably well behaved; this includes no excessive or unreasonable barking, whining, scratching, chewing, or aggression as this type of behavior is likely to impact the ability of other students to

