



STUDENT OFFICE FOR ACCESSIBILITY RESOURCES

ASSISTANCE ANIMAL VERIFICATION FORM

The below-named student is requesting an assistance animal in University Housing as a reasonable accommodation under the provisions of the Fair Housing Act. The Fair Housing Act permits Furman to request reliable disability-related information that (1) is necessary to verify that the student meets the Fair Housing Act’s definition of disability (“a physical or mental impairment which substantially limits one or more major life activities”), (2) describes the need for the assistance animal in the context of University Housing, and (3) shows the relationship between the person’s disability and the need for the requested accommodation of having the animal in University Housing.

Please provide the name, signature, title, and contact information of the health or social services professional providing this supporting documentation (the “Evaluator”), as well as a description of the Evaluator’s relationship to the student listed above. **Please return this form to Judy Bagley, Director of the Student Office for Accessibility Resources at Furman University, by email at SOAR@furman.edu or by facsimile at 864.294.3044.**

Alternatively, you may attach a letter or other documentation that includes the required information.

Please call Judy Bagley, the Director of the Student Office for Accessibility Resources, at 864.294.2320 if you have questions.

Student Name: _____

I am requesting that Furman University permit me to have an assistance animal in University Housing as a reasonable accommodation for a disability. In connection with such request, I ask that you complete this form regarding the disability.

Student Signature: _____ **Date:** _____

TO BE COMPLETED BY THE EVALUATOR:

Evaluator Information

Name _____

Title _____

Phone Number _____ fax and/or e-mail _____

Relationship to Student _____

1. Please identify the assistance animal (for example, a cat or a dog): _____

2. Does the student have a physical or mental impairment which substantially limits one or more major life activities? ___ Yes ___ No

Please indicate which of the following major life activities are impacted by the student's disability:

___ seeing ___ hearing ___ eating ___ sleeping ___ walking ___ standing
___ lifting ___ bending ___ speaking ___ learning ___ reading ___ breathing
___ thinking ___ working ___ communicating ___ concentrating
___ caring for oneself ___ performing manual tasks ___ other (please describe):

Please provide additional information if necessary for Furman to verify that the student's disability meets the Fair Housing Act's definition of disability.

3. Does the assistance animal perform work or do tasks for the student because of their disability? ___ Yes ___ No

a. If yes to Question 2: How has the animal been trained to do work or perform tasks that ameliorate one or more symptoms or effects of the student's disability or, if the animal lacks individual training, how is the animal able to do work or perform tasks that ameliorate one or more symptoms or effects of the student's disability?

- b. If no to Question 2: Does the animal provide emotional support or ameliorate one or more symptoms or effects of the student's disability? ___ Yes ___ No

If yes to Question 2(b): Please indicate whether the animal provides emotional support or other assistance that ameliorates one or more symptoms or effects of the student's disability and, if so, please explain how the animal ameliorates the symptom(s) or effect(s) of the student's disability.

4. Is the animal necessary to afford the student an equal opportunity to use and enjoy their campus residence? ___ Yes ___ No

If so, please describe the need for the assistance animal in the context of University Housing (i.e., why the assistance animal is necessary to afford the student an equal opportunity to use and enjoy their campus residence).

5. Please provide any additional information that you think may assist Furman University in evaluating the student's accommodation request.

Evaluator's signature

Professional license number
(or other credentials), if applicable

Date: _____