

ACCESSIBILITY SERVICES**Emotional Support Animal Housing Accommodation Request Form**

Student Name:		ID Number:	
Email Address:		Phone Number:	

What residence hall are you living in or plan to live in?	
<input type="checkbox"/> Evans-Kimmell Hall	<input type="checkbox"/> Summit Hall
<input type="checkbox"/> Kalbfleisch Hall	<input type="checkbox"/> Troder
<input type="checkbox"/> Oropeza Hall	<input type="checkbox"/> Warrior Row A & B
<input type="checkbox"/> Pierson Hall	<input type="checkbox"/> Yergen-Rogers Hall

Housing accommodations are arranged when they are essential to provide equal access to your living arrangement at Indiana Tech due to a documented disability.

The information you disclose on this form should help us understand why your Emotional Support Animal (ESA) housing accommodation request is necessary for equal access at Indiana Tech and will impact your overall campus experience. To the best of your ability, please answer the following questions:

Please describe below the nature of your disability and why you believe the Emotional Support Animal (ESA) housing accommodation is necessary.

Please describe below the functional limitations that you experience. How will an Emotional Support Animal (ESA) assist with those impacts?

Documentation Required

You must provide medical or related documentation addressing the severity of the condition and explaining why an Emotional Support Animal is necessary. If the interest in an Emotional Support Animal accommodation is not supported with a clear and convincing rationale, the Disability Services Review Team may not support this request. If an Emotional Support Animal is recommended by Disability Services based on justified and documented medical needs, the room price will not change, but the student will be responsible for any damage fees acquired, as explained in the Housing Accommodation Residential Policy.

Additional documentation from appropriate outside professionals may be requested to support your accommodation request. All gathered information will be reviewed by Disability Services and Residential Services staff. A Disability Services staff member will contact you with the decision regarding your Emotional Support Animal request.

Student Initials

Date

Acknowledgment

By my signature below, I verify that I have read, understand, and will abide by the requirements outlined here and I agree to provide the additional information required to complete my Housing Accommodation Request under the University's Emotional Support Animal Policy.

I furthermore give permission to the Disability Services Office to disclose to others impacted by the presence of my Emotional Support Animal (e.g., Residence Life staff, Counseling Services staff, potential and/or actual roommate(s)/neighbor(s)) that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing for the presence of the Emotional Support Animal and/or resolving any potential issues associated with the presence of the Emotional Support Animal.

I further recognize that the presence of the Emotional Support Animal may be noticed by others visiting or residing in University Housing and agree that staff may acknowledge the presence of the animal and explain that under certain circumstances Emotional Support animals are permitted for persons with disabilities.

Student Printed Name

Student Signature

Date

