



REASONABLE ACCOMMODATION FORM FOR THERAPY ANIMAL

Union College provides reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices or services that a resident with a disability may need to have an equal opportunity to use and enjoy college housing. The enclosed Reasonable Accommodation Form authorizes you to provide the information requested on this form.

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as mediation or other treatment or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measures eliminates the substantial limitations caused by the impairment, the person does not have a disability.

1. Does the resident have a disability under this definition? ____ Yes ____ NO
2. Please identify the resident'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 resident is using any measure (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measures(s) eliminates the substantial limitations.

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

5. Please identify any other accommodation that may be equally effective in allowing the resident to use and enjoy college housing:

6. How long have you been working with the client and did you prescribe the Emotional Support/Therapy Animal?

NAME and Credentials of Verifier (print): _____

Signature of Verifier: _____ Date: _____

Address: _____

Telephone: _____

Please return signed document to:
Shelly Harrington, Director
Accommodative Services Union College Reamer
Campus Center 303
Schenectady, NY 12308
Phone: 518-388-8785
Fax: 518-388-7175
email: harrings@union.edu

