

REASONABLE ACCOMMODATION VERIFICATION FORM FOR AN EMOTIONAL SUPPORT ANIMAL

North Dakota State University (NDSU) 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 University housing. The enclosed Reasonable Accommodation Request Form authorizes you to provide the information requested on this form. You are welcome to use this form or submit a letter on your official letterhead with the information requested on this form.

Documentation from the Internet

Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that are not obvious or otherwise known. In HUD's experience, such documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal. **Further, the State of North Dakota has placed limitations on telehealth services; diagnosis or treatment recommendations that are made solely on the basis of an online questionnaire or telephone conference and these may not be accepted as documentation in support of an ESA request.**

Student Name: _____

Student ID#: _____

PLEASE REVIEW THE ENCLOSED REASONABLE ACCOMMODATION REQUEST FORM THAT EXPLAINS THE STUDENT'S REQUEST FOR AN EMOTIONAL SUPPORT ANIMAL AND THEN ANSWER THE FOLLOWING QUESTIONS:

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.

1. Does the resident have a disability under this definition? ____ Yes ____ No
2. Please list the date you initially saw this patient: _____
3. Please list the date you saw this patient most recently: _____

4. Please explain how the accommodation is necessary for the resident to use and enjoy University 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 University Housing.

Please identify the specific animal you are prescribing as an ESA.

Name and position of Verifier (print): _____

Clinic / Practice: _____

License #: _____ State: _____

Address: _____

Telephone: _____

E-Mail: _____

Signature of Verifier: _____ Date: _____

Please return this information to:

NDSU Disability Services

NDSU Main Library

Suite 17

Fargo, ND 58108

You can also fax or send through secure file transfer. Please do not send any documentation through e-mail.

Fax: (701)231-8520

Secure File Drop - [secure file transfer.ndsu.edu/filedrop/ndsu.dsdrop@ndsu.edu](https://secure.filetransfer.ndsu.edu/filedrop/ndsu.dsdrop@ndsu.edu)

If you have any questions please call or email.

Phone: (701) 231-8463

[Email: ndsu.disability.services@ndsu.edu](mailto:ndsu.disability.services@ndsu.edu)