

SIMPSON COLLEGE

ACCOMMODATION

Type of Accommodation Requested: Emotional Support Animal (ESA)

Please complete this form if you have a disability and would like to request the accommodation of an emotional support animal (ESA). If you need assistance completing this form, or wish to make this request orally, please contact sas@simpson.edu or call 515.961.1515. While it is not necessary to use this form to request this accommodation, we encourage you to do so or provide the information requested in some other written format in order to avoid miscommunication and to have a record that a request was made.

An ESA is a companion animal that a medical or mental health care professional has determined provides benefit for an individual with a disability by providing emotional support and/or alleviating one or more identified effects of a person’s disability. The animal’s presence must have a nexus with the person’s disability.

Note: If the type of animal is a service animal, defined as a dog or miniature horse that has been individually trained to do work or perform tasks for the benefit of an individual with a disability that are directly related to the individual’s disability, then you need not make this request. Simpson College requests, if you are so willing, that you voluntarily register the service animal with the Office of Student Accessibility Services. Please contact sas@simpson.edu or call 515.961.1515 if you are willing to do so.

Full Name: _____ Current Address: _____

Phone: _____ Email: _____

Person requesting accommodation (if different than resident). Please indicate relationship to student: _____

If requesting an ESA as a reasonable accommodation, please describe the animal you intend to bring campus as an ESA, if approved:

Animal/Breed: _____ Length of Relationship: _____

Size/Weight: _____ Age: _____

Vaccinated for rabies (dogs and cats only)?

If yes, when does this expire? _____ yes – expires _____ ;

_____ no

1. Is the animal required because of a disability? _____ Yes _____ No

2. Does the animal provide therapeutic emotional support or ameliorate one or more effects of your disability?

Yes _____ No _____

If the answer to Question No. 2 is "yes," please provide the following:

- 1) A statement from your medical or mental health care provider indicating: (a) you have a disability; (b) the animal would provide emotional support or other assistance that would ameliorate one or more symptoms or effects of your disability; and (c) how the animal ameliorates the symptoms or effects. You may use, but are not required to use, the companion form, Medical or Mental Health Care Provider Documentation for Student Request for Emotional Support Animal (ESA).
- 2) If the animal is not a dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small domesticated animal that is traditionally kept in the home for pleasure and not commercial purposes, a statement from your medical or mental healthcare provider indicating: (a) The date of the provider's last consultation with you; (b) Any unique circumstances justifying the patient's need for this particular animal (if already owned or identified by the individual) or particular type of animal; and (c) Whether the medical or mental health professional has reliable information about this particular animal and whether they specifically recommended this animal. You may use, but are not required to use, the companion form, Medical or Mental Health Care Provider Documentation for Student Request for Emotional Support Animal (ESA).
- 3) Proof of rabies vaccination and licensing (if applicable); current veterinary records attesting the animal is healthy, i.e., free of transferable disease, parasites, and fleas; and a photo of the animal.

By signing below, I certify that the information provided on this form is correct. I understand that eligibility for specific accommodations/services is determined on an individual basis and only with supportive documentation. I authorize the Office of Student Accessibility Services to disclose any information regarding any approved accommodations with SC faculty and staff directly involved on a need-to-know basis. I also acknowledge that I will be charged a pet cleaning fee after vacating a room in Simpson Housing to ensure the safety of those who will inhabit the space after me.

Signature

Date

SIMPSON COLLEGE

Please submit this documentation as an attachment to:

sas@simpson.edu
Fax 515-864-0437
OR

Via mail to:
Simpson College
Student Accessibility Services
701 N C St.
Indianola, IA 50125

All documentation and records provided will be maintained in a confidential manner as outlined in the Family Rights and Privacy Act (FERPA) of 1974. Disability information is shared only on a limited basis within the college and then, only when there is a compelling reason for the individual seeking the information to have knowledge of a specific aspect of this confidential information. Disability-related records are maintained separately from academic files and are excluded from free access under FERPA.

Revised 05/14//2024 / . KL