**Services for Students with Disabilities**

**Interpreting Services**

Columbia College Chicago

623 S. Wabash | Suite 311

(312) 369-8296

(312) 369-8485 fax

ssd@colum.edu

**Assistance Animal in Housing Verification**

The student listed below has requested an assistance animal in Columbia College Chicago (“College”) housing. A student with a disability may be entitled to keep an “Assistance Animal” in campus housing as a reasonable accommodation under the Fair Housing Act (FHA) if certain conditions are met. This includes the existence of a disability (i.e. a physical or mental impairment that substantially limits one or more major life activities) and a relationship between the disability and the relief the animal provides. Assistance Animals as described herein do not include those animals that qualify as a Service Animal under the Americans with Disabilities Act Amendments Act.

The student has indicated that you are an appropriate professional (a licensed health care or mental health professional) who has recommended that having an Assistance Animal in College housing will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student’s disability. Please thoroughly answer **all** questions, as this will put the College in a better position to evaluate the request for this accommodation. If you need more room, feel free to write or type on a separate piece of paper. **You may also type your responses directly into this document if you request an electronic version from** [**ssd@colum.edu**](mailto:ssd@colum.edu)**. You do not need to use this specific form. You may provide the information in an alternate format, but all information requested herein is necessary for the College to consider the request for an Assistance Animal.**  Thank you for your assistance.

|  |  |
| --- | --- |
| Name of Student and Student ID Number: | Click or tap here to enter text. |

1. **Information about the Student’s Disability**.

Federal law defines a person with a disability as someone who has a “physical or mental impairment that substantially limits one or more major life activities.” What is the nature of the student’s physical or mental health impairment(s) (that is, how is the student substantially limited)?

Click or tap here to enter text.

How long have you been working with the student regarding this disability or disabilities?

Click or tap here to enter text.

When did you first meet with the student regarding this mental health diagnosis?

Click or tap here to enter text.

When did you last interact with the student regarding this mental health diagnosis?

Click or tap here to enter text.

1. **Information about the Assistance Animal**. The student has indicated the following for an Assistance Animal: Click or tap here to enter text.

Type of animal: Click or tap here to enter text. Age of animal: Click or tap here to enter text.

Name of animal: Click or tap here to enter text.

Is this an animal that you are specifically prescribing as part of treatment? Or is it a pet you believe will have beneficial effect for the student while in residence on campus?

Click or tap here to enter text.

1. What symptom or symptoms of the student’s disability will be alleviated by having the Assistance Animal?

Click or tap here to enter text.

1. How will the identified symptom(s) above be mitigated by the presence of the Assistance Animal?

Click or tap here to enter text.

1. Have you discussed with the student the responsibilities associated with properly caring for this animal while engaged in typical college activities and residing in campus housing? Do you believe these responsibilities might exacerbate the student’s symptoms in any way? (If you have not had this conversation with the student, please indicate that as well.)

Click or tap here to enter text.

1. Is there any additional relevant information that you feel would allow the appropriate College officials to better understand and more fully advocate for this student? If so, please provide this information.

Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Signature Date

Click or tap here to enter text. Click or tap here to enter text.

Printed Name and Credentials/Title/ License Number Phone Number

Click or tap here to enter text. Click or tap here to enter text.

Address Fax Number