

Emotional Assistance Animal Provider Form

Clinical evidence to support the request must be provided by a Licensed Professional with expertise in the identified disability or medical condition.

Considering the federal definition of disability, including the Fair Housing Act, the Americans with Disabilities Act, and 504 of the Rehabilitation Act of 1973, does this student/resident have a disability?

YES _____ NO _____

The legal definition of a reasonable accommodation is: an alteration to the physical structure of the facility or an exception to the rules or policies governing the facilities. The purpose of the accommodation is to either lessen or eliminate the adverse effects of the disability. A reasonable accommodation does not put an undue burden on either party.

In your opinion, is the request described in Part I of this form necessary in order for this student/resident to live on campus while attending Truman State University?

YES _____ NO _____

Describe how this accommodation or adjustment will lessen or eliminate the adverse effects of the disability or medical condition. (If attaching a statement, it should be on letterhead or professional stationary).

Provider

Name (Please Print): _____ **Position/Title:** _____

Professional Address:

Phone:

Signature of Verifier: _____ **Date:** _____