

Supporting Documentation for an Emotional Support Animal (ESA) Accommodation

Hampshire College has a no-pets policy in residences to prevent animal neglect and interpersonal conflict due to allergies, noise complaints, or aggressive animals. As a result, when a student requests to keep an Emotional Support Animal (ESA) in on-campus housing, OARS asks providers to answer additional specific questions so our office can determine if this is a reasonable accommodation for the student.

STUDENT COMPLETES THIS SECTION

Student Name: _____ Student Number: _____

Email: _____

Animal Name: _____ Animal Type: _____

Animal weight & description: _____
(As per policy, ESA's residing on campus are not allowed to exceed 88 lbs.)

Rabies Expiration Date (if applicable): _____

License Expiration Date (only applicable for dogs): _____

Date of Last Physical: _____

Emergency Contact: (must be someone local who could care for your animal in the case of an emergency) Name: _____ Phone#: _____

- I have read animal policies in the handbook (<https://handbook.hampshire.edu/node/195> & <https://handbook.hampshire.edu/node/182>) and know that I will be expected to adhere to these policies. I understand that failure to do so could mean the removal of my animal.
- If approved, I understand that I will need to sign off on acknowledgement of these policies each year and provide updated documentation relevant to the health and licensing of my animal BEFORE THEY ARRIVE TO CAMPUS.

Student Name: _____

Student Signature: _____ **Date:** _____

Please send documentation forms to: OARS, 893 West Street, Amherst, MA 01002
or upload a scan or photo to: <https://hampshire.guardianconduct.com/login>

MEDICAL PROFESSIONAL COMPLETES THIS SECTION

Student Name: _____ **Student email:** _____

The student listed above is a student at Hampshire College requesting disability related accommodations and services. In order to determine eligibility for services students must provide current, comprehensive documentation that verifies their diagnosis(es) and describes the impact on major life activities such as seeing, learning, hearing, mobility, breathing and care for one's self.

This form is to be completed by a licensed medical/psychological professional and can be supplemented with additional supporting documentation. Such documentation could include a neuropsychological evaluation for specific learning disabilities, a letter from a medical doctor regarding conditions, an audiological report for deaf or hard of hearing individuals, a vision acuity report from an eye professional for blind and visually impaired individuals, or diagnosis(es) from a mental health clinician. This form is to provide confirmation of a diagnosis or multiple diagnoses from a qualified professional.

1. Diagnosis(es) (Please include DSM 5 diagnosis if for a psychiatric disability)

Level of Severity: Mild Moderate Severe

2. Date of Diagnosis(es) _____

3. Describe symptoms that meet criteria for the diagnosis(es)

4. How long have you been working with the student to address the need for an ESA?

5. Do you recommend an ESA for this student? Why?

Office of Accessibility Resources and Services (OARS)

893 West Street | Amherst, MA 01002 | 413.559.6277 | OARS@hampshire.edu | OARS.hampshire.edu

6. Any additional comments, suggestions, or concerns?

Name, Title (please print) _____

License number _____ Date _____

Phone _____ Address _____

Signature _____ Date _____

Please mail any additional documentations or forms to:

Hampshire College Office of Accessibility Resources and Services (OARS)

893 West St.

Amherst, MA 01002

or

Upload a scan or photo of this document to:

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