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:
Email: OARS@hampshire.edu
Fax: 413.559.6098
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. Please return this form to oars@hampshire.edu

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., Lemelson Building, Amherst, MA 01002
6. Any additional comments, suggestions, or concerns?

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Name, Title (please print) _____________________________________________________

License number ____________________ Date_______________________________

Phone ____________________ Address___________________________

Signature ____________________ Date_______________________________

Please attach business card below.

Please send any additional documentations or forms to:
Hampshire College Office of Accessibility Resources and Services (OARS)
893 West St.
Amherst, MA 01002
P: 413.559.5498, F: 413.559.6098,
E: OARS@hampshire.edu