

**Procedure for Requesting a Service Animal or Emotional Support Animal
in Student Housing**

All information sent with this Request is kept confidential. Under no circumstances may an animal be in residence unless or until the request is approved in writing by the Director of Disability Services. All questions must be addressed thoroughly in a point by point enumerated response. Incomplete applications will not be reviewed. The Request should include:

- ✓ An Emotional Support Animal Request Form that includes information about the student and the requested animal.
- ✓ A letter from the student with a detailed explanation of their disability-related need for the animal.
- ✓ A signed letter, on professional letterhead, from the current qualified diagnosing professional (licensed psychologist, psychiatrist, or neurologist). The provider or therapist should be familiar with the professional literature concerning the assistive and/or therapeutic benefits of emotional support animals for people with disabilities. The provider should not be related to the student. At a minimum, the letter should include the following items:
 - The provider's professional opinion that the student's condition qualifies as a disability (i.e. a physical or mental impairment that substantially limits one or more of the major life activities), including a description of your functional limitation(s); and the basis for that opinion.
 - The provider's diagnosis of the person's condition.
 - The provider's opinion that the service or emotional support animal has been prescribed for treatment purposes and is necessary to help alleviate symptoms associated with the person's condition and/or to help the person use and enjoy university housing services.
 - The provider's description of the service(s) that the animal will provide.
 - The provider's license number.
 - Any additional rationale or statement the university may reasonably need to understand the basis for the professional opinion.
- ✓ A signed Information Release Form allowing a university representative to correspond with the diagnosing clinician about the documentation accompanying the Request. This is optional; however, the failure to provide it may result in the request being denied if the documentation provided by the diagnosing professional is not sufficient.

Submit the Request, including the information above, in person, by fax, scan & email, or by mail to:
Saint Mary's University of Minnesota
Office of Disability Support Services
700 Terrace Heights #31 ~ Winona, MN 55987
Telephone: 507. 457.1465 ~ Fax: 507. 457.6660
khemker@smumn.edu

EMOTIONAL SUPPORT ANIMAL REQUEST FORM

Request Date: _____

Student's Name: _____

Student Identification Number: _____

Email Address: _____

Phone Number: _____

Animal Information

Animal's Name: _____

Type of Animal: _____ Animal's Age _____

Gender: Male Female

Physical Description of Animal (breed, color, size, weight, etc.):

Alternate Caregiver for Animal If Owner is Unavailable:

Name: _____

Relationship to Owner: _____

Address: _____

Phone Number: _____

Please include the following:

Copy of Veterinarian's Verification that all shots/vaccinations are up to date

Copy of Dog License (if applicable)

Current photograph of animal



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MEDICAL INFORMATION RELEASE FORM

I, _____, give my consent for Saint Mary's University of Minnesota representatives to make contact with my health professional(s) to ask for my healthcare information, and give permission for my health professional(s) to release my relevant healthcare information to the requesting Saint Mary's University of Minnesota representatives for the purpose of evaluating my Request for a Housing Accommodation for an emotional support animal. Below is a list of my health professional(s) that can be contacted:

Name:

Contact Information:

This release is valid for one year from the date indicated below.

Student Signature

Print Name: _____

Student Address: _____

Student Date of Birth: _____

Date: _____