



VERIFICATION REQUEST FOR AN EMOTIONAL SUPPORT ANIMAL

Section 1: To be completed by student requesting an emotional support animal

Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Name of Psychiatrist, Mental Health Provider, or Physician _____

Provider's Street Address _____ City _____ State _____ Zip _____

I authorize the release of information requested on this Verification Form to the Accommodations contact at Iowa Lakes Community College. By signing below, I consent to allowing my health provider to share information relevant to my need for an emotional assistance animal as an accommodation at Iowa Lakes Community College (authorization for 60 days).

Student Signature _____ Date _____

Electronic Signature Agreement: You agree your electronic signature is the legal equivalent of your manual signature on this application. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

It is the policy of Iowa Lakes Community College not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion and actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code §§216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.).

If you have questions or complaints related to compliance with this policy, please contact Kathy Muller, Equity & Title IX Coordinator, 19 South 7th Street, Estherville, IA 51334, 712.362.0433, kmuller@iowalakes.edu, or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312/730-1560, fax 312/730-1576.

The above named student has indicated that you are the mental health provider or physician that suggested an emotional support animal in the residence hall will be helpful in alleviating identified symptoms/effects of the student's disability. Generally, we accept verification from providers in the state of Iowa or the student's home state. Letters purchased from the internet for a set price rarely provide the information and documentation necessary to support an emotional support animal request.

We recognize that having an emotional support animal in the on-campus housing can be of benefit for someone with a significant mental health disorder. The practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request on both the student and the campus community. Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.