



Disability Accommodation Request Form for Emotional Support Animal in University Housing

Section 504 of the Federal Rehabilitation Act (1973), the Americans with Disabilities Act (1990, 2008), and the Housing and Urban Development (HUD) Fair Housing Act (1968, 1988, 2020) require that colleges and universities do not discriminate against otherwise qualified applicants and students with documented disabilities. Lakeland University recognizes the importance of providing reasonable accommodations in its housing policies and practices where necessary for individuals with disabilities to fully participate in the housing program.

Although it is the policy of Lakeland University that individuals are generally prohibited from having animals of any type in University housing, Lakeland will consider a request by an individual with a disability for reasonable accommodation from this prohibition to allow an Emotional Support Animal that is reasonable and necessary because of a mental health disability.

Lakeland University will accept and consider requests for reasonable accommodation in University housing at any time. The individual making the request for an ESA should complete and provide the Disability Accommodation Request Form for Emotional Support Animal to Disability Services as soon as practicably possible before moving into University housing. However, if the request for accommodation is made fewer than 60 days before the individual intends to move into University housing, Lakeland University cannot guarantee that it will be able to meet the individual's accommodation request during the first semester or term of occupancy.

Please complete this form and return it to the Disabilities Office by mail, email, or facsimile.

Disabilities Office
Attn. Karen Eckhardt, ADA Coordinator
Hayssen Academic Resource Center
W3718 South Drive
Plymouth, WI 53073
Phone: 920-565-1021 ext. 2115
Email: EckhardtKL@lakeland.edu
Fax: 920-565-1068

Name of Student: _____ Lakeland University ID# _____

I am a Current or Prospective student at Lakeland: _____



ESA requested (name, age and species): _____

1. Please identify your disability and why you believe the Emotional Support Animal is necessary to mitigate the symptoms of your disability:

2. How long have you been receiving therapeutic assistance and benefits from the requested ESA?

3. How does the requested ESA fit into your overall treatment plan as prescribed by your health-care provider?

4. What other treatments and ongoing care are you receiving as it pertains to your disability?



5. Do you fully understand the responsibilities involved in caring for an ESA while engaged in typical college activities and residing in University housing? _____

6. Have you read and understand the Lakeland University Emotional Support Animal Policy and Agreement? _____

In circumstances where either your disability and/or requested accommodation is not obvious, you must provide verification from a reliable third-party (e.g., a physician or other health care professional) establishing that you have a disability and that the Emotional Support Animal is necessary to provide you an equal opportunity to use and participate University housing. Please identify the person that can provide such verification.

Name: _____ Title: _____

Address: _____

Telephone: _____

Student Signature: _____ Date: _____

My signature (above) authorizes the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and participate in University housing.

Acknowledgement and Consent for Release of Information:

I have read and understand the Emotional Support Animal Policy and Agreement and agree to abide by the requirements applicable to an Emotional Support Animal (ESA). I understand that if I fail to meet the requirements set forth in the Policy, Lakeland University has the right to remove the Emotional Support Animal and I will be nonetheless required to fulfill my housing, academic, and all other obligations for the remainder of the housing contract. In addition, I give permission for my ESA forms & information to be shared with the Office of Residence Life to determine if an ESA is permitted to reside in University housing. The Office of Residence Life can disclose to others impacted by the presence of my ESA that I will be living with an animal as an accommodation, if approved.

Student Signature: _____ Date: _____