

INDIAN HILLS COMMUNITY COLLEGE

# Request for Services

## Emotional Support Animal in Residence

Indian Hills Community College, in compliance with the Fair Housing Act (FHA) may allow Emotional Support Animals (ESA) as a reasonable accommodation in residence hall rooms of students with documented disabilities. While Emotional Support Animals are permitted in college residence hall rooms, they are prohibited from public areas such as dining centers, classrooms, computer labs, or other college property.

Students with Emotional Support Animals will be responsible for the ownership of the animal, including maintaining and controlling the animal at all times. Students may be responsible for any cost associated with damages the animal causes to campus property.

It is important that you, as the student requesting an Emotional Support Animal, complete this form to the best of your ability. Return this Request for Services form to IHCC Student Disability Services along with documentation from a physician or licensed mental health professional supporting your need for this particular accommodation. The supportive documentation:

- Verifies that you meet FHA's definition of a person with a disability.
- Describes how that animal will assist you.
- Shows the relationship between your disability and the need for assistance.

Additionally, Emotional Support Animals must have a valid license and current vaccinations on file with IHCC Student Disability Services.

**Please note that eligibility for accommodations will not be determined until a completed Request for Services form and relevant documentation are on file at IHCC Student Disability Services.**

SEND THIS COMPLETED FORM AND DOCUMENTATION TO:

IHCC Student Disability Services  
525 Grandview Ave  
Ottumwa, IA 52501

FAX TO:

641-683-5206 ATTN: Disability Services

EMAIL TO:

[disabilityservices@indianhills.edu](mailto:disabilityservices@indianhills.edu)

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## Emotional Support Animal in Residence

### I. GENERAL INFORMATION

Student's Name: \_\_\_\_\_

IHCC Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Campus Address and Room Number: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

Preferred E-mail Address: \_\_\_\_\_

### II. SUPPORT ANIMAL

Type of animal: \_\_\_\_\_

Animal's name: \_\_\_\_\_

Description of animal: \_\_\_\_\_

### III. STUDENT VERIFICATION

I verify that the information contained within this document is accurate to the best of my knowledge.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### IV. DOCUMENTS TO SUPPLY TO IHCC DISABILITY SERVICES

- Documentation from a physician or licensed mental health professional
- Verification of animal's current vaccinations
- Copy of animal's valid license (if applicable)