



Submit Form to:
Academic Enrichment Center
801 National Road West
Richmond, IN 47374
TEL: 765 983-1341
FAX: 765 973-2120

WEB: <http://www.earlham.edu/academic-enrichment-center>

Certification Form for an Assistance Animal in College Housing

The student named below has applied or will be applying for disability status and accommodations from Earlham College. The College provides reasonable accommodations to students with disabilities who have a certified need for the reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy college housing.

Student's Name: _____

Date of Birth: _____

Today's Date: _____/_____/_____
Month Day Year

PLEASE REVIEW AND THEN ANSWER THE FOLLOWING QUESTIONS.

THE FAIR HOUSING ACT'S DEFINITION OF A DISABILITY

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if the impairment substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as medication or other treatment or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measure(s) eliminates the substantial limitation(s) caused by the impairment, the person does not have a disability.

1. Does the resident have a disability under this definition? ____ Yes ____ No
2. Please identify the resident's impairment(s) and describe how each impairment substantially limits his/her ability to perform a major life activity as compared to most people in the general population.

3. Please identify if the resident is using any measure (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitation(s) caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitation(s).

4. Please explain how the accommodation is necessary for the resident to use and enjoy college housing as compared to a person without a disability.

5. Please identify any other accommodation that may be equally effective in allowing the resident to use and enjoy college housing.

Prognosis with this accommodation: Poor ☐ Guarded ☐ Fair ☐ Good ☐ Excellent ☐

How long do you anticipate the student's ability to use and enjoy college housing will be impacted by his/her disability?

☐ 1 Semester ☐ 1 Year ☐ During the student's entire Earlham career ☐ Other _____

CERTIFYING PROFESSIONAL*

Printed Name: _____ License Number: _____

Signature: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____ Fax: _____

* A Certifying Professional is a reliable third party who is familiar with this student's disability and the necessity for the requested accommodation. A reliable third party includes, but is not limited to, medical professionals, mental-health professionals, or a non-medical service agency (e.g., National Association of the Deaf).