

Accessibility & Disability Services (ADS)
Coastal Carolina University
Kearns Hall, Suite 106
P.O. Box 261954
843-349-2503 (phone) 843-349-5042 (fax)
coastal.edu/disabilityservices/

Support Animal in University Housing Documentation Form

Students must be [registered with ADS](#) to consider Support Animal in University Housing request.

The individual named below has requested the housing accommodation of a support animal in University Housing. Coastal Carolina University provides accommodations to individuals with disabilities. Individuals seeking approval for support animals in University Housing must provide appropriate disability documentation of their condition in order for ADS to: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.

Documentation required to verify the condition, severity, and functional limitations includes completion of this form or provision of equivalent information on official letterhead to ADS by a licensed psychologist, neuropsychologist, psychiatrist, or in rare circumstances other licensed treating professional who has established a diagnostic and therapeutic relationship with the patient.

Requests for a support animal require documentation that is recent, first-hand, and speaks to a continuing diagnostic and therapeutic relationship between the professional and the student that justifies the support animal recommendation. It should include statements specific to: the provider’s specific diagnosis of the condition; how the animal serves as an accommodation; and how the need for the animal relates to the ability of the resident to pursue and enjoy the living arrangements provided by the university. Generally, documentation from mental health care professionals who are not licensed to practice in South Carolina or in the state in which the student primarily resides and who have had no contact with the student except for a single encounter that resulted in the documentation are not reliable. Diagnoses of disabilities documented by family members are unacceptable.

“The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. `Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.”

Client Information

Client name: Last, First, Middle Initial

Date of Birth:

Client's Student ID:

Certifying Professional

Certifying Professional's Printed Name:

Credentials/Specialization:

License Type:

License #:

State:

Exp. Date:

Mailing Address:

City/State/Zip:

Phone: ()

Fax: ()

Email:

Attach Business Card Here

or

If Submitting Electronically,

Denote your Office Web Address

Office web address:

Diagnosis/Diagnoses:

DSM or ICD Codes:

Date of onset:

Date of diagnosis:

Date of client's last appointment?

How often does the client receive treatment?

What symptoms/challenges continue to impact the clients daily functioning?

What animal is recommended?

Is a support animal a critical element of the current treatment plan you have developed with the resident?

For how long has the animal been a recommended part of the current treatment plan?

How does/might a support animal reduce or alleviate current symptoms and better manage the resident's disability? Include the relationship or nexus between the client's disability and the assistance the animal provides.

Using the contact information on page one, print, sign below, and send directly to Accessibility & Disability Services.

Date:

Certifying Professional's Signature: _____

Signature denotes content accuracy, adherence to professional standards and guidelines on page 1 of this document.