Request for Emotional Support Animal (ESA) in Campus Housing

**Student Information (This section to be completed by the student)**

Permission to release information to the University of Vermont

Name: (please print) __________________________ Date: _________________________________

Signed: _____________________________________ UVM Student #: __________

Phone/Email: ________________________________________

Name of Animal, Type/Breed of Animal, Age of Animal*, Length of Ownership:
_________________________________________________________________________
_________________________________________________________________________

*Animals must be sufficiently trained, housebroken, and under control of the handler. Failure to control the animal’s behavior could result in the removal of the animal.

* All requests for ESAs must include completion of this form AND documentation submitted for Psychological/Psychiatric Disabilities found at: [https://bit.ly/2DZGIFa](https://bit.ly/2DZGIFa)

*Until SAS receives both documents, and the student meets with an Accessibility Specialist in SAS, we will be unable to fully evaluate any ESA request.

This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student. (The provider completing this form cannot be a relative of the student.) If this space is not adequate, please attach additional paper or a diagnostic report providing supplementary information.

The above-named student indicated that you are the licensed professional who has suggested that having an Emotional Support Animal (ESA) in campus housing will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. So that we may better evaluate the request for this accommodation, please complete this form.
Certifying Professional (please print):

Name: ____________________________________  Credentials:_____________________________

Address: City: ___________________  State:______________  Zip Code: __________
License/Certification number and state of licensure: __________________________________________

How long have you treated or counseled student? __________
Date of initial contact with student? ________________
Date of last office visit with student: ____________________

1. Disability is a physical, mental, cognitive, or developmental condition that impairs, interferes with, or limits a person's ability to engage in certain tasks or actions or participate in typical daily activities and interactions. Does this student have a disability under this definition? ___YES   ____NO

Specific disability/disorder (DSM-V), including when student was first diagnosed, severity and current symptoms:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. Identify the specific limitations/impairment caused by the disability and how this substantially limits one or more major life activities for this student: ________________________________

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

3. Is the animal listed above that you specifically prescribed as part of treatment for the student or an animal that you believe will have a beneficial effect for the student while in residence on campus?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
4. Please explain how the animal is necessary for the student to use and enjoy campus housing. How will the student's symptoms be impacted by having the ESA?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

5. Is there evidence that the animal listed above, or another ESA, has helped this student in the past or currently?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

6. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student’s symptoms in any way?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

7. Please identify any other accommodations that may be equally effective in allowing the student to use and enjoy on campus housing:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________  _______________________
Signature of Certifying Professional  Date

___________________________________________
Email Address

Last Revision: 5/16/19
This document may not be released without written permission from the student or by order of a court. It will be destroyed seven years after the student is no longer enrolled at the University.

Please Return Form to:

**Student Accessibility Services**
Center for Academic Success
A170 Living/Learning Building
633 Main Street
The University of Vermont
Burlington, VT 05405-0365
Phone: (802) 656-7753
Fax: (802) 656-0739
Email: access@uvm.edu

Office Hours: Monday through Friday from 8:00 A.M. to 4:30 P.M