



Campus
Accessibility
Services

Housing Accommodation Request-Emotional Support Animal

Note: Emotional support animals that are not defined as service animals may be entitled to reside in PSU housing as an appropriate accommodation under the Fair Housing Act, as determined on a case-by-case basis.

Please complete the following form and return to Campus Accessibility Services.

To be completed by student:

Student's Name: _____ Student ID: _____

Address: _____

Email: _____ Cell Phone: _____ Other Phone: _____

Type/Breed of animal: _____ Name of animal: _____

Age: _____ Sex: _____ Coloring: _____

Signature of Student: _____ Date: _____

By signing and dating above, I attest that the above named Emotional Support Animal has no history of biting or aggressive behavior towards other animals or persons.

_____ has requested housing accommodations for a medical, psychological, or disability related condition. In order to accurately and equitably evaluate this request, Campus Accessibility Services at Plymouth State University requires documentation from an appropriate licensed professional (not a relative of the student). This documentation must explain the nature of the condition, the functional limitations, and why the condition results in a request for an Emotional Support Animal. Please complete the form below.

To be completed by treating licensed provider:

Provider Name: _____ Phone: _____

Address: _____

Email: _____ Fax: _____

1. What is the student's diagnosis? _____

2. Date of diagnosis: _____ Last Evaluation: _____



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3. How long has the student been under your care for this diagnosis? _____

4. Is the student currently receiving treatment for this diagnosis? (circle one) Yes No

5. Describe why an Emotional Support Animal is deemed necessary for this student:

6. Describe the expected duration, stability, or progression of the condition:

7. Describe the current impact (or limitation imposed by) the condition as it relates to the student's need for requiring an Emotional Support Animal.

Provider Signature: _____ Date: _____

*The Provider's signature indicates supporting this student's clinical needs in obtaining an Emotional Support Animal. The clinician has **not** made any evaluation or assessment of the animal itself or the owner's ability to care for or control the animal and assumes no liability for the animal's behavior.*