



Campus
Accessibility
Services

Housing Accommodation Request-**Emotional Support Animal**

Dear Provider (Physician, Psychiatrist, Psychologist, Social Worker, Mental Health Worker):

Your patient is a student at Plymouth State University (PSU) and has indicated that having an Emotional Support Animal (ESA) will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability.

Plymouth State University recognizes under the Fair Housing Act (FHA) the importance of Emotional Support Animals which provide emotional support for individuals with disabilities. PSU is committed to allowing an Emotional Support Animal necessary to provide individuals with disabilities and equal opportunity to use and enjoy college housing.

A person qualifies for reasonable accommodation if: (1) The person has a documented disability and has provided the required documents to the college; (2) The animal is necessary for the person with a disability and equal opportunity to use and enjoy the College's housing; and (3) There is an identifiable relationship between the disability and the assistance the animal provides.

To consider this student's request for an accommodation, Plymouth State University requires documentation from the treating and licensed clinical professional or health care provider thoroughly familiar with this student's condition and their functional limitations and/or restrictions. Please provide **detailed** information to help evaluate the request.

All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). ***A signed consent for the release of information should be completed by the student prior to the release of this form.***

Thank you for your assistance. Please return the completed form to:

Campus Accessibility Services,
17 High Street MSC 9, Plymouth, NH 03264
or Email: lbpage@plymouth.edu or Fax: 603.535.2277.



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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: _____

Length of time student has had this ESA: _____

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: _____

License/Certification: _____ State: _____

Specialty: _____

Address: _____

Email: _____ Fax: _____



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1. What is the student's diagnosis? (Please include a DSM-IV diagnosis) _____

2. Date of diagnosis: _____ Last Evaluation: _____

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 how the student is substantially limited by this disability and why it is deemed necessary for the student to have an Emotional Support Animal in order to have the full benefit or enjoyment of housing on a college campus:

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



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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. What specific symptoms will be reduced by having this ESA?

8. Is there evidence that an Emotional Support Animal has helped this student in the past? If YES, please describe.

9. Have you reviewed PSU’s “Emotional Support Animal Policy” with the student and discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe the student will be able to maintain these responsibilities?

I confirm that the proposed Emotional Support Animal is a **medical necessity** or **specifically prescribed** as part of a comprehensive treatment plan.

Provider Signature: _____ Date: _____