



Request for Emotional Support Animal in University Housing Documentation Form

The Office of Disability Services at Wright State University provides reasonable accommodations for a student with a disability who has a verifiable need of having an **Emotional Support Animal (ESA)** in University housing.

To properly evaluate how Wright State University can best meet the student's need for **requesting an ESA in University housing**, the University requires specific diagnostic information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student's disability, including the intentional use of an ESA to address specific functional limitations that result from the student's physical or psychological condition(s). **The provider should completely respond to all questions** and may attach additional related information. Please note that **the Office of Disability Services will NOT accept documentation completed by a member of the student's family**. Licensed professionals may submit a letter in place of this form if it fulfills all requested information listed on this form. Letters must be submitted on the professional's letterhead, signed, dated, and include the professional's license number.

To be completed by the STUDENT (Please PRINT)

Date: _____
Student Name: _____
Address: _____

Phone: (_____) _____

To be completed by the certifying PROFESSIONAL (Please PRINT)

Certifying Professional Name: _____
Title: _____
License Number: _____
Office/Agency Name: _____
Office/Agency Address: _____

Office/Agency Phone: (_____) _____

1. Does the student who you have individually examined and treated have a physical or mental impairment that substantially limits one or more major life activities?

NO

YES: Describe what major activities are impaired:

2. Identify the disability-related need for an ESA, and explain how the animal alleviates one or more of the identified substantially-limiting major life activities (thereby reducing the identified symptoms or effects of this individual's existing disability).

3. What type of animal is being requested? _____

I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Signature of Certifying Professional

Date

Please return to the Office of Disability Services

180 University Hall
3640 Col. Glenn Hwy.
Dayton, Ohio 45435
Fax: 937.775.5699

Email: Disability_Services@wright.edu