

Emotional Support Animal (ESA) Request

4400 University Drive, MS 5C9, Fairfax, Virginia 22030
Student Union Building I (SUB I)

Student's Name: _____

G#: _____

Proposed Emotional Support Animal – Name: _____

Type of Animal: _____

Age of Animal: _____

Dear Healthcare Professional:

The above-named student has indicated that you have suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more identified symptoms or effects of the student's disability. We will accept documentation from healthcare professionals in the State of Virginia or the student's home state.

The term "disability" means with respect to an individual –

- A. A physical or mental impairment that substantially limits one or more major life activities of such individual;
- B. A record of such an impairment; or
- C. Being regarded as having such an impairment.

In order to appropriately evaluate this accommodation request, please answer the following questions:

Information About The Student's Disability

What is the nature of the student's impairment and how is the student substantially limited?

Does the student require ongoing treatment? If yes, please describe.

How long have you been working with the student regarding this diagnosis or impairment?

Information About The Proposed Emotional Support Animal (ESA)

Is this an animal that you specifically prescribed as part of treatment for the student or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having the ESA?

Is there evidence that an ESA has helped this student in the past or currently?

Importance Of ESA To Student's Well-Being

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Healthcare Professional Signature: _____ Date: _____
Healthcare Professional Name (Print): _____
Title: _____
License or Certification #: _____
Address: _____

Phone: () - Fax Number: () -
Email Address: _____

Name of Person Completing Form: _____ Date: _____
Professional Affiliation/Title: _____

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA can be a real benefit for someone with a significant impairment. The practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Important: After documentation is reviewed, Disability Services will send an email notification to the student's GMU email account acknowledging receipt of documentation and eligibility status.

If you have questions regarding this form or the Disability Services process, please call our office at 703.993.2474 or email ods@gmu.edu. Thank you for your assistance.

Phone: 703-993-2474; Fax: 703-993-4306 Email: ods@gmu.edu Website: <http://ds.gmu.edu>