



Emotional Support Animal (ESA) Request

Disability Services
4400 University Drive, MS 5C9, Fairfax, Virginia 22030
Student Union Building I (SUB I)
Phone: 703-993-2474; Fax: 703-993-4306
Email: ods@gmu.edu
Website: <http://ds.gmu.edu>

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,

To appropriately evaluate this accommodation request, please answer the following questions:

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?

What is the clinical significance of prescribing the ESA as part of the student's ongoing treatment?"

What symptoms will be reduced by having the ESA? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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

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 #: _____

Supervisor Signature (if applicable): _____

Address: _____

Phone: () - Fax Number: () -

Email Address: _____

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.

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.