

Disabilities Resources

Emotional Support Animal Request Procedure

Please read this document in its entirety.

Students with qualifying mental health conditions may request an exception to the Elon University pet policy. This exception would allow the student to possess an emotional support animal in their residence hall, apartment, or University leased housing. To do this, students must complete an Emotional Support Animal Request Packet, which includes documentation from an **appropriate mental health professional.**

Please complete the following forms and submit to Disabilities Resources.

1. Student-completed form: "Emotional Support Animal Request."
2. Student- or guardian/parent-completed form: "Permission for Release of Information."
3. Physician-completed form: "Documentation of Disability-Related Need for an Emotional Support Animal." **In addition to this form, the mental health provider must include, ON LETTERHEAD, the date of the most recent office visit, professional credentials, and professional's signature.**

This request must be completed at least thirty days prior to the start date of the semester in which you wish to bring the emotional support animal to campus. Completed requests submitted after the start of a semester or term will be considered, but final approval may be delayed until the beginning of the next semester or term. Applications received throughout the semester will be reviewed the third Monday of each month. Animals found to be in the residence hall, apartment, or University leased housing without appropriate approval must be removed from the residence hall **immediately** until the process has been completed and the student has received final approval.

Request Process:

1. **You must be registered with Disabilities Resources to apply for an ESA.** If you are new to Disabilities Resources, you must [create an account in our data management system, Accommodate](#). If you are already registered with our office, you must submit a "supplemental" request in Accommodate.
2. After you have **submitted the entire packet** to request an emotional support animal, your request will be reviewed for pre-approval.
3. Once you have been pre-approved, you will receive an email with the next steps.
4. When the previous steps have been completed, you will receive an email notifying you of your final approval. If you are denied approval for your animal, you will also receive an email with an explanation.

All completed documents should be submitted to:

Disabilities Resources
Elon University
2251 Campus Box
Elon, NC 27244

Phone: (336) 278-6568
Fax: (336) 278-6514
disabilities@elon.edu

Emotional Support Animal Request Form

To be completed by student. Please print.

Name:		Elon ID#:
Campus Box:	Residence Hall:	Semester and/or year to which this request applies:
Home Address:		
Phone:		Elon Email:
D.O.B.:		Are you a new, transfer, or a returning student? (mark one)

Please explain your need for an emotional support animal, based upon your documented mental health disability.

Please describe the animal you intend to bring to campus, if approved.* Please include the type of animal, the animal's name, sex, weight, and the age of your proposed animal.

Type of animal:
Animal name:
Sex:
Weight:
Age:
Additional Info:

To be signed by the student if age 18 or over. (To be signed by parent or guardian only if student is under age 18.)

Signature _____ **Date** _____

*Please note: Disabilities Resources reviews all requests to determine the presence of a qualifying disability as defined by the Americans with Disabilities Act.

Permission for Release of Information

I give permission for the exchange of appropriate information regarding the approval of my emotional support animal between the following Departments of Elon University:

- Office of Disabilities Resources
- Student Health Services
- Counseling Services
- Residence Life
- Housing Accommodations Committee (offices noted above)

And I give permission for appropriate Residence Life staff to discuss the details regarding the presence of the emotional support animal in the residence hall with my roommates/suitemates, as appropriate. We will not share specific details about your condition. These persons are (please list, if known):

Assigned Residence: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

To be completed by student. (Please print)

Name of Diagnosing Professional:	
Title of Diagnosing Professional:	
Address:	
Phone:	Fax:

To be completed by student. (Please print)

Student's Full Name:	
Home Address:	
Phone:	Fax:
Email:	Elon ID #:

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18.)

Signature: _____ **Date:** _____

Return to:
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Date Received: _____ (to be completed by ODR)

**Documentation of Disability-Related Need
Emotional Support Animal in University Housing**

(This top section ONLY to be completed by student. Please print.)

Student:		Phone:
Elon ID #:	Freshman, transfer, or returning student? (circle one)	D.O.B.:
Address:		

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has recommended that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. Generally, we accept documentation from providers in the State of North Carolina or the student’s home state. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

This form must be completed by an appropriate mental health professional, who should not be a relative of the student. Please complete the following in detail so that we may better evaluate the request for this accommodation:

1. Diagnosis:

2. What major life activity (e.g.- walking, seeing, hearing, breathing, self-care, etc.) does the condition substantially limit?

3. Describe the current impact of the condition (including negative mental health impact that may occur if the request is not granted):

4. Original date of diagnosis: _____

By: _____ [Name]

_____ [Degree/Specialty]

5. Diagnostic criteria/tests used:

6. Date of most recent evaluation: _____

7. Treatments/medications/devices or services currently prescribed (name of medication and dose):

8. Expected duration, stability, or progression of the condition:

9. Rate the severity of impact of the condition on this student's performance of major life activities:

10. What symptoms will be reduced by having an ESA? Is there evidence that an ESA has helped this student in the past or currently?

11. 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?

12. This student is requesting approval for use of an emotional support animal in the student's University housing as a reasonable accommodation for a qualifying mental health condition. If you believe that such use is **necessary to enable the student to live on campus**, please explain the basis of your opinion, why you feel that the animal is necessary, and why other accommodations would be insufficient to allow this student to live on campus.

As we go through the approval process, we may find that we need additional information from you. We will notify you and the student if further information is required.

Additional comments (OPTIONAL):

Name of Professional (please print): _____

Professional Signature: _____

Date: _____

****We recognize that having an ESA in the residence hall/university housing can be a real benefit for someone with a significant mental health disorder, but 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.**

In addition to this form, please include, ON PROFESSIONAL LETTERHEAD, your address, telephone #, fax #, the date of the most recent office visit of the student, as well as your professional credentials, and your signature.

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