

Greensboro College Request Form

Assistance Animal or ESA Request Form

To be completed by student. Please print.

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

List your functional limitations due directly to the disability:

1. _____
2. _____
3. _____
4. _____

How will (or does) the ESA mitigate your functional limitations? What does the ESA do to lessen or relieve your functional limitations?

Please describe the animal you intend to bring to campus, if approved.*

Breed & color:
Weight:
House broken:
Behavior:

Commented [MM1]: I'd recommend making this two different processes. Animal approval completed after eligibility for an ESA. Many students haven't picked their animal yet.

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 _____

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*Please note: The Housing Accommodations Committee 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.

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. _____

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:	Student 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:** _____

Professional Documentation Verifying Disability & Reasonable Accommodations

Please print. **This form must be completed by an appropriate mental health professional, who should not be a relative of the student.**

Student:		Phone:
Address:	Date of last visit:	D.O.B.:

1. Diagnosis: DSM code & symptoms

Please circle:	Mild	Moderate	Severe
Code:			
Symptoms:			

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

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

4. Original date of diagnosis:

Date:

Mental Health Professional:

5. Diagnostic criteria/tests used:

6. Date of most recent evaluation

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

Are they working to alleviate condition?

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 observations over time have you seen that support barriers being mitigated by this animal? LPC observations, client journaling, stress monitor, BP monitor.....

11. Is this animal PRESCRIBED by you as an ESA? _____

12. Are clients symptoms significantly reduced by an ESA & not reached through medication nor therapy?

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13. This student is requesting approval for use of an emotional support animal in the student's 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, the nexus between the condition & the ESA, why you feel that the animal is necessary, and why other accommodations would be insufficient to allow this student to live on campus.

Name of Professional (Please print): _____

Signature: _____

Date: _____

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. Please return to Disabilities Resources, by mail, email, and fax or in person:
georgieann.bogdan@greensboro.edu

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