

## Emotional Support Animal (ESA) Request Form for Students with Disabilities

Students with disabilities who require specific types of housing assignments to ensure equal access to the housing program may request relevant housing modifications through the designated Disability Support Services (DSS) office located on each campus.

For qualified students with documented disabilities, the appropriate DSS office recommends housing modifications to the designated Housing or Residence Life offices.

Housing placements are prioritized based on documented need. When possible, the preferences of the students are considered. The relevant Housing Modification Committee will review only completed applications. The review and decision process may require at least 30 calendar days.

### Directions to Students

1. Complete Part 1 of this form.
2. Sign the *Consent for Release of Information* section in Part 2 of this form.
3. Provide Part 2 to your physician, therapist, or other professional provider.
4. Ensure that your application is completed and submitted by the following deadlines:

Student Status	Fall Semester	Spring Semester
<i>Returning Students</i>	April 1 <sup>st</sup>	January 2 <sup>nd</sup>
<i>New Incoming Students</i>	July 1 <sup>st</sup>	January 2 <sup>nd</sup>

### Part 1: Student Applicant Must Complete this Section

#### Contact Information

**FDU ID#** \_\_\_\_\_

**Name** \_\_\_\_\_

**Email** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

#### Please Circle the Appropriate Fields

**Status**                      Incoming First Year Student      Transfer Student      Returning Student

**Campus**                      Florham Campus                      Metropolitan Campus

**Modification Request for**                      Fall                      Spring                      20\_\_\_\_\_





**Part 2: Physician or Disability Evaluator Verification**

**Consent for Release of Information (To Be Completed by the Student/Guardian)**

I authorize \_\_\_\_\_ (physician or evaluator’s name) to disclose the information requested by Fairleigh Dickinson University that is reasonably necessary to evaluate my request for the above requested housing modifications. I also authorize Fairleigh Dickinson University and my physician/evaluator to discuss any information related to my housing modification request. I understand that my personal medical information may be shared on a need-to-know basis with other University offices.

**Student Name** \_\_\_\_\_ **FDU ID #** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Professional Evaluation of Disability: Criteria**

Modifications are only available to students identified as having a disability. To be eligible to a modification of the University’s housing, a student must be determined to meet one or more of the following criteria:

- 1) Has a physical or mental impairment that substantially limits one or more major life activities.
- 2) Has a record of such an impairment.
- 3) Is regarded as having such an impairment.

Examples of major life activities are: major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

**Professional Evaluation of Disability: Verification**

1. Based on the above-mentioned definition and criteria, does the student have a disability? Please circle one of the following options:
  - Yes
  - No
2. State the student’s disability diagnosis, including diagnostic code.



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3. Is the student currently under your care?
- Yes
  - No
  - How long have you treated the student as a patient? \_\_\_\_\_
  - Date of the most recent visit: \_\_\_\_\_
  - Date of original diagnosis: \_\_\_\_\_
  - Date of most recent evaluation: \_\_\_\_\_
4. What is the expected duration, stability, or progression of the disability? \_\_\_\_\_
5. What disability-related symptoms will be reduced as a result of this student having the emotional support animal in their campus housing with them (must be clearly linked to functional limitations)?
6. State the expected duration of need for the student's ESA accommodation.
7. Is there an effective alternative accommodation that could be provided in the living environment to meet this student's disability-related needs? If so, please describe below.



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8. When an ESA is approved in University housing, the student is required to be able to care, control, feed, and clean up after the animal.
- Do you believe such responsibilities might exacerbate the student's symptoms in any way? (please explain)

**This Section Must Be Filled Out by The Physician or Disability Evaluator for This Form to Be Valid**

### Physician or Disability Evaluator Information

**Full Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Specialty** \_\_\_\_\_

**Office Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**License/Certification Number & State of License** \_\_\_\_\_

**May we contact you if we have questions about this student's request?**    Yes                  No

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please Mail or Fax this Completed Form to the Relevant Campus Disability Support Services Office**

**For Florham Campus:**

Disability Support Services  
Fairleigh Dickinson University  
285 Madison Ave, M-MO1-01, Madison, NJ 07940  
(973) 443-8079 (Phone), (973) 443-8080 (fax)

**For Metropolitan Campus**

Disability Support Services  
Fairleigh Dickinson University  
1000 River Road, T-RH5-03, Teaneck, NJ 07666  
(201) 692-2076 (Office), (201) 692-2425 (fax)