



SOUTHWESTERN ADVENTIST UNIVERSITY

Emotional Support Animal Request for Information

A client of yours, who is also a student here at Southwestern Adventist University, has requested to have an Emotional Support Animal (ESA) in the residence hall. The student requests this to alleviate one or more of the identified symptoms or effects of the student's disability. A person with a disability is defined as someone who has a "physical or mental impairment that substantially limits one or more major life activities." So that we may better evaluate the request for this accommodation, please complete this form.

Please note, documentation should not be provided by a clinician who is also a relative of the student.

Student Name: _____ **Date:** _____

Proposed ESA-(Type of Animal): _____

Information about the Student's Disability:

Please state the diagnosis(es) for which you are treating this student.

- a) How long has the student had this condition? _____
- b) How frequently do you meet with this student? _____
- c) What is the expected duration of condition?
6 Months _____ 1 Year _____ More than 1 year _____ Lifelong _____

Why does the student need the ESA? How will the ESA mitigate the symptoms or effects of their disability?

Name of provider: _____ License # _____

Address: _____

Phone# _____

Signature

Date

Please return this form to :

Disability Services

Cruzd@swau.edu

100 W. Hillcrest, Keene, TX 76059

817-202-6514