



SOUTHWESTERN ADVENTIST UNIVERSITY

Emotional Support Animal Request Form

Date: _____

Name: _____ **ID#** _____

Email: _____ **Phone#:** _____

Phone Number: _____ **Residence Hall:** _____

Home Address: _____

Type of Animal: _____ **Age of Animal:** _____

What is the specific disability upon which this request is based? (Please attach documentation)

When was this disability diagnosed? (Please attach documentation)

What type of health care professional (counselor, doctor, etc.) provided this diagnosis? (Please attach documentation)

In your own words, please provide a brief explanation of how the requested animal relates to your ability to use and enjoy the living arrangements provided through the SWAU Residence Hall: