

Concordia University
Request for Emotional Support Animal (ESA)

Send to: Tori Negash, MSW, LSW, PhD
Director of Academic Resources & Accessibility Services

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Ann Arbor, MI 48105

Phone: 734-995-7582
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Email: Tori.Negash@cuaa.edu

Student fills out the section below. Please print or type.

Name _____
Last First M.I.

Student ID Number: F00 _____

Address _____

City _____ State _____ Zip Code _____

AUTHORIZATION TO RELEASE INFORMATION: I authorize the provider listed below to release information related to my request to Concordia University for the purpose of an accommodation to my housing assignment because of a disability, and to discuss this request with a representative of Housing, if necessary. This authorization is valid for 90 days, effective from the date below.

Name of Provider _____

Street Address _____

City _____ State _____ Zip Code _____

Student's Signature _____ Date _____

Medical/Health Care Provider Completes and Signs Section Below

Concordia University Ann Arbor (CUAA)

REQUEST FOR INFORMATION

Student's Name: _____

Proposed Emotional Support Animal (ESA)

Animal Name: _____

Type of Animal: _____

Age of Animal: _____

The above-named student has indicated that you are the medical professional who has suggested 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.

So that we may better evaluate the request for this accommodation, please answer the following questions:

Information about the Student's Disability:

A person with a disability is defined as someone who has "a physical, emotional or mental impairment that substantially limits one or more major life activities."

What is the nature of the student's emotional/mental health impairment (that is, how is the student substantially limited)?

Does the student require ongoing treatment?

Information about the Proposed ESA:

Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having the ESA?

Is there evidence that an ESA has helped this student in the past or currently? If so, please elaborate as to the help that was provided.

Importance of ESA to Student's Well-Being:

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?

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? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

We recognize that having an ESA in the residence hall 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.

Please provide contact information, sign and date this questionnaire (below), and return it to the appropriate campus Accessibility Services office.

Provider Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone: _____ Fax: _____

Email: _____

License (Type, State, #): _____

Signature: _____ Date: _____