



Student Access and Resource Center

DIVISION OF STUDENT AFFAIRS

Housing Request for Emotional Support Animal (ESA)

I am requesting the following HOUSING accommodation:

ESAs commonly kept in households: dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish (10 gal. tank limit), turtle, or other small, domesticated animal traditionally kept in the home. Reptiles (other than turtles), barnyard animals, monkeys, kangaroos, and other non-domesticated animals are not considered common household animals.

Type of Animal: _____

Information for students seeking accommodations and medical providers:

The Student Access and Resource Center (SAR Center) complies with all federal and state disability laws to ensure equal access for qualifying individuals with a disability to educational programs, services, and activities. Registration with the SAR Center as a student with a disability and a complete intake appointment is required.

To determine reasonable accommodations for housing, the SAR Center requests documentation of the student's condition from their treating licensed clinical professional or health care provider. **The qualified provider must be thoroughly familiar with the student's condition and functional limitations and must make a direct connection to the requested accommodation based on the student's current functional limitations. The qualified provider completing this form cannot be a relative of the student, must reside within the student's home state, state of permanent residence or tribal services provider where the student was diagnosed and treated.**

***Internet certificates or any other internet acquired documentation will not be accepted.** In lieu of this form, a statement from your treating provider will be accepted if it addresses all questions below.

* While this form meets the requirements for an ESA, a diagnosis **is required** when seeking consideration for academic accommodations. Please contact your treating provider to submit separate documentation listing your diagnosis or they may list it here: _____.

*All documentation submitted to the Student Access and Resource Center is considered confidential. The Student Access and Resource Center may share minimal information with appropriate University staff to process the request.

I authorize The University of Texas at Arlington, Student Access and Resource Center to receive documentation and speak to my current, licensed, qualified clinical professional or health care provider.

Name of Qualified Provider: _____
Print Name of Medical Provider

Student Signature: _____ Date: _____

This section to be completed by attending licensed clinical professional or health care provider:

Print Name and Title: _____

Credentials: _____

Specialty: _____

State of License: _____ License #: _____

Address: _____

Phone: _____ Email: _____

I certify that I conducted or formally supervised and co-signed the diagnostic assessment of this student.

Signature: _____ Date: _____

Date of initial meeting with the student regarding the diagnosis: _____

Meeting format (i.e., face-to-face meetings or virtual interaction)? _____

Date of last interaction with the student regarding the diagnosis? _____

How often have you seen the student (or plan to see the student) for further counseling/treatment?
_____.

List the specific functional limitations the student experiences, and how those limitations are alleviated by the presence of the ESA. A statement that "The animal alleviates symptoms" is too general and does not explain **HOW** the animal may alleviate the symptoms of this student's disability.

Information About the Proposed ESA

There are some restrictions on the kind of animal that can be approved for the residence hall (refer to page 1, **ESAs commonly kept in households**). Please note the specific animal named may not be allowed based on those restrictions.)

If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice and what size of cage/crate would be needed for its containment: _____

Thank you for completing this form. The named student has signed this form (above) indicating written permission to share additional information with us in support of the request.

The Treating Provider must submit the completed form or letter directly to the SAR Center by email at sarcenter@uta.edu, or fax at 817-272-7447 or U.S. Postal Service to

Student Access & Resource Center
The University of Texas at Arlington
Box 19510, University Hall, Room 102
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