



## The Office of Accessibility Resources (OAR)

137 Killian Annex, Cullowhee, NC 28723

Phone: (828) 227-3886 | Fax: (828) 227-7320 | [accessibility@wcu.edu](mailto:accessibility@wcu.edu)

### STUDENT REQUEST FOR AN EMOTIONAL SUPPORT ANIMAL (ESA) ACCOMMODATION

The Federal Housing Act applies to the unique context of housing. The U.S. Department of Housing and Urban Development has stated that an individual may keep an Assistance Animal (including an emotional support animal or ESA) in the Residence Hall Room as a reasonable accommodation if supported by sufficient documentation that determines: 1) that the person has a disability; 2) that the animal is necessary, because of the disability, to afford the person with an equal opportunity to use and enjoy the dwelling; and 3) that there is an identifiable relationship or nexus between the disability and the assistance the specific animal provides, such that the animal alleviates symptoms of the disability. The animal must be reasonable as determined by WCU, and the animal must not pose a direct threat of harm to others, the living community, or cause a disruption to the environment or damage to property. **Requests must be submitted each year.** An Emotional Support Animal (ESA) is **not** a pet or a Service Animal under this Policy or the Americans with Disabilities Act (ADA).

**Directions:** Complete this form in its entirety. This form is for the STUDENT. WCU will contact the named Reliable Medical/Mental Health Professional for supportive information and documentation. The Reliable Medical/Mental Health Professional DOES NOT complete this form.

#### Student/Applicant Information

Student Name \_\_\_\_\_ WCU ID#: 920 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of animal: \_\_\_\_\_ Species of animal: \_\_\_\_\_ Age of animal: \_\_\_\_\_

Request is for: Year \_\_\_\_\_  Fall (due 6/1)  Spring (due 11/1)  Summer (due 5/15)

1. What is your disability?
2. How does your disability impact you?
3. Why is the ESA necessary (i.e. what symptoms of your disability does the ESA alleviate)?
4. **Provide the name and contact information of a RELIABLE MEDICAL/MENTAL HEALTH PROFESSIONAL below.**

NOTE: The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer (for sale) documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack personal knowledge of the student that is necessary to make such determinations.

Name of Reliable Medical/Mental Health Professional: \_\_\_\_\_

Practice or Business Name: \_\_\_\_\_

Mailing Address, City/State/Zip: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

By signing below, you give permission for the individual named in #4 to provide Western Carolina University with the information requested in the WCU RELIABLE MEDICAL PROFESSIONAL DOCUMENTATION: EMOTIONAL SUPPORT ANIMAL form.

Signature \_\_\_\_\_ Date \_\_\_\_\_