

Housing Request for Emotional Support Animal (ESA)

| Name | Student ID# |
|---|---|
| I am requesting the following HOUSING accommodation | n: |
| rabbit, hamster, gerbil, other rodent, fish, turtle, or other | SAs are commonly kept in households: dog, cat, small bird, er small, domesticated animal traditionally kept in the home as, kangaroos, and other non-domesticated animals are not |
| Type of Animal: | |
| Information for students seeking accommodations and | d mental health providers: |
| equal access for qualifying individuals with a disability | ffer some from FHA guidelines. Registration with SAR as a |
| from their treating licensed mental health professional familiar with the student's condition and functional lin | |
| and continues to have an ongoing therapeutic relation | nship with the student. The qualified provider completing |
| this form cannot be a relative of the student, must res | side within the student's home state, state of permanent |
| residence or tribal services provider where the studer valid for this request, nor will any other internet acquir | nt was diagnosed and treated. Internet certificates are not ed documentation be accepted. |
| *All documentation submitted to the Student Access and Reso Resources may share non-diagnostic information with approp | ource Center is considered confidential. Student Accessibility and priate University staff to process the request. |
| No animal that can be vaccinated is permitted in Univ records. | ersity Housing without current vaccination and shot |
| I authorize The University of Texas at Tyler, Student Acc | essibility and Resources office to receive documentation and |
| speak to my current, licensed, qualified mental health p | provider. |
| Name of Qualified Provider: | |
| Print Name o | of Medical Provider |
| Student Signature: | Date: |

Second Page is to be completed by the student's primary mental health provider. Missing information or an incomplete form will delay the approval process:

| Student's Name: | | |
|--|--------------------|--|
| Provider Name and Title: | | |
| Credentials: | | Specialty: |
| State of License: | | License #: |
| Address: | | |
| Phone: | Email: | |
| I certify that I conducted the diagnost | tic assessment of | this student. |
| Signature: | | Date: |
| Date of initial contact with student: _ | | |
| Please list all relevant disabilities: | | |
| | | |
| Procedure/assessment used to determ | mine this conditic | on (attach copies of results if needed): |
| | | |
| Current Severity of Symptoms | and | Prognosis of Condition/Disorder |
| Mild | | Good |
| Moderate | | Fair |
| Severe | | Poor |
| Date of last visit with student: | | |
| Indicate why/how the student having must be clearly linked to functional lin | | esidence is deemed necessary. Recommendations student's condition. |
| | | |
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STUDENT: Please return this form (all pages) to:
Student Accessibility and Resources
The University of Texas at Tyler 3900 University Blvd, Tyler Texas 75799
T 903.566.7079