

Residence Life  
Student Request for  
Emotional Support Animal (ESA)

*An "emotional support animal" (or comfort animal) is an animal that provides emotional or other support that ameliorates one or more identified symptoms or effects of a person's disability. Unlike service animals, support animals are not required to be trained to perform work or tasks. ESA are generally not allowed to accompany persons with disabilities in all public areas of the College as a service animal is allowed to do, but an ESA may reside in the Residence Halls, including accompanying such individual in all public or common use areas of the Residence Halls, when it may be necessary to afford the person with a disability an equal opportunity to use and enjoy housing. When transported outside the private residential area, an ESA must be in an animal carrier or controlled by leash or harness.*

This request must be submitted a least 30 days prior to opening of the residence halls for any given semester. Please review the attached Emotional Support Animal policy and submit all documentation supporting your request. This includes but not limited to, medical documentation supporting this request, updated vaccinations for the ESA, and any additional paperwork that may be requested by the Disability Service Center. Please note that failure to submit this request or documentation within the timeframe, will delay this request.

Student Name \_\_\_\_\_ RAM ID \_\_\_\_\_  
Major: \_\_\_\_\_ Class Status \_\_\_\_\_  
Type of Animal: \_\_\_\_\_ Breed: \_\_\_\_\_  
Current Weight of Animal \_\_\_\_\_ Max Weight \_\_\_\_\_ Age: \_\_\_\_\_

In the event that you are unavailable/unable to take care of the above ESA, please list the emergency contact that will be able to take possession of the animal in case of an emergency. (The emergency contact must live off campus and be no more than one (1) hour away from the campus)

Emergency Contact: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
\*Emergency Contact Signature \_\_\_\_\_ Date: \_\_\_\_\_  
**\*Must be notarized\***

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Residence Life: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved  Denied

Disability Services: \_\_\_\_\_ Date: \_\_\_\_\_