

Thinking				
Communicating				
Other (specify)				

*Please indicate below how the above functional limitations impact the student's ability to fully enjoy his/her living space.

*Please indicate how the requested ESA mitigates the above functional limitations to enable the student to utilize his/her living space.

*Please provide a statement on how the need for the ESA relates to the ability of the student to use and gain benefit from university housing.

* If the student is currently living on campus, what has changed about the student's condition that warrants an ESA at this time?

*If the student does not currently own an ESA, have you discussed with the student the possible impact of the additional responsibilities of caring for an animal while attending school? Yes No

* Is the animal being prescribed as a part of the student's mental health treatment plan? Yes No

*Please describe the impact on the student's mental health if the request cannot be granted:

* Describe any possible alternatives that would support this student's mental health while attending college if this request cannot be granted? Please list: _____

Signature of Certifying Professional

Signature of Professional/Provider _____ Date _____

The Director of the Accessibility Resources Center, Health Services or Counseling & Psychological Services may need to contact you for clarification purposes. Please list the best times to contact you:

*This document may not be released without written permission from the student, except in cases of disclosure as required/allowed by FERPA. It will be destroyed seven years after the student is no longer enrolled. FERPA allows the student access to this document, but you may specify that this access be given only after meeting with a person qualified to explain the document.

Check ONE: _____ Student Access
 _____ Student Access Only after meeting with qualified professional

Thank you for your assistance in completing this form

If you have any questions regarding the nature of this information needed for students with disabilities, please call the Accessibility Resources Center at (203) 932-7332, Mon. through Fri. from 8:30 A.M. to 4:30 P.M.

This form should be returned to: *University of New Haven, Accessibility Resources Center
300 Boston Post Road, West Haven, CT 06514
Confidential Fax: (203) 931-6082*

Office Use Only

Approved Denied Date _____ Date Student Notified _____

Tabled for further documentation Date _____ Date Student Notified _____

Comments: _____

ARC Signature _____

Appeal Approved Appeal Denied Date _____ Date Student Notified _____

DOS Signature _____