



## ESA APPROVAL - REQUEST FOR INFORMATION

At the University of Detroit Mercy we recognize that having an ESA (Emotional Support Animal) in the residence hall can be of great benefit for someone with a significant mental health disorder. The practical limitations of our housing arrangements make it necessary to carefully consider the impact of a request for an ESA on both the student and the campus community. Thank you for providing this information to assist us in evaluating this request.

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of animal: \_\_\_\_\_ ESA Name: \_\_\_\_\_ Age of animal: \_\_\_\_\_

The above-named student has indicated that you are the (physician, psychiatrist, social worker, mental health worker) who has suggested that having an (ESA) in the residence hall would be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

### **Information about the Student's Disability**

*(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")*

What is the nature of the student's mental health impairment (that is, how is the student substantially limited)?

Does the student require ongoing treatment?

How long have you been working with the student regarding this mental health diagnosis?

### **Information about the Proposed ESA**

Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having the ESA?

Is there evidence that an ESA has helped this student in the past or currently?

**Importance of ESA to Student's Well-Being**

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Please provide contact information, sign and date this questionnaire. **By signing, you agree that you are NOT related to the student.**

Provider Name \_\_\_\_\_

Practice/Office Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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

Thank you for taking the time to complete this form. If we need additional information, we will contact you at a later date.

Return the original form to:  
Laura M. Bagdady, Assistant Director  
Student Disability & Accessibility Support Services  
UD Mercy,  
4001 W. McNichols, Detroit, MI 48221