



**WILLIAM  
PATERSON  
UNIVERSITY**

ACCESSIBILITY RESOURCE CENTER • SPEERT HALL 134  
300 POMPTON ROAD • WAYNE, NJ 07470-2103  
973.720.2853 FAX 973.720.3293 • WWW.WPUNJ.EDU

## **Emotional Support Animal Request Form**

Students with psychiatric disabilities who request the assistance of an emotional support animal may request an accommodation through the Accessibility Resource Center (ARC). Requests for housing accommodations are reviewed by committee based upon necessity to ensure equal access to the housing program. This form must be completed by the student’s current treating physician, psychiatrist, social worker, or other mental health professional.

### **Directions to Students:**

- Provide the form to your qualified treatment provider to complete Part II.
- Sign the Consent for Release and Exchange of Confidential Information located on the ARC website under Housing Documents, so ARC staff may speak to your provider if needed. Sign any applicable releases with their office to speak with us.
- You must complete the Online Housing Accommodation Request Form located on our website in addition to this form and the Release form. Both must be uploaded to the Online Housing Accommodation Request Form.

### **Part I: Student to complete the following**

**Please print clearly**

Name: \_\_\_\_\_

WPUNJ ID#: \_\_\_\_\_

Student Cellular #: \_\_\_\_\_

WPUNJ Email: \_\_\_\_\_

Status/Campus:     Freshman     Sophomore     Junior     Senior     Transfer

Accommodation Request is for:     Fall     Spring     Summer    Year: \_\_\_\_\_

### **Part II: Physician or Disability Evaluator Verification**

**Directions: Please print clearly or type. Please answer all questions thoroughly. Insufficient documentation may result in accommodation delays or denial.**

Is the student currently under your care? \_\_\_\_\_ Yes    \_\_\_\_\_ No

What is the student’s diagnosis? \_\_\_\_\_

Are you the prescriber of the emotional support animal? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when did you prescribe the emotional support animal? (Date: mm/dd/yyyy) \_\_\_\_\_

How long has the student had an emotional support animal? \_\_\_\_\_

What type of emotional support animal did you recommend? \_\_\_\_\_

Is the request an integral component of a treatment plan for the condition in question? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe the student's functional limitations or behavioral manifestations caused by the condition. What do you foresee as the impact living in a college residential hall setting? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please explain how the emotional support animal ameliorates the effects of the disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you consider other accommodations to be a reasonable **alternative** to an emotional support animal (ie., single room, preference in choosing housing assignment, other.)? Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a negative health impact that may be permanent if the request is not met? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the likely impact on academic performance if the request is not met? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the likely impact on social development if the request is not met? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the likely impact on the student's level of comfort if the request is not met? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any other housing related accommodations that you are recommending at this time? Please list: \_\_\_\_\_

\_\_\_\_\_

Please provide impact on student if the additional accommodations are not provided: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID**

Physician or disability evaluator INFORMATION (Please Print)

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Specialty: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License/Certification Number and State of License \_\_\_\_\_

How long have you treated this patient? \_\_\_\_\_

Date of most recent office visit? \_\_\_\_\_

May we contact you if we have questions about this student's accommodation request? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE MAIL, FAX or EMAIL COMPLETED FORM TO:

Accessibility Resource Center

William Paterson University

Speert Hall Room 134

300 Pompton Road, Wayne, NJ 07470

(973) 720-2853 (p), (973) 720-3293 (f)

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