KENNESAW STATE UNIVERSITY
DIVISION OF STUDENT AFFAIRS
Student Disability Services

EMOTIONAL SUPPORT ANIMAL (ESA) DOCUMENTATION REQUEST FORM

All USG institutions with on-campus housing must permit ESAs in housing as a reasonable accommodation for residents (students or employees) with disabilities who meet the legal requirements for an ESA under the Fair Housing Act (FHA), 42 U.S.C.A. § 3604(f), which is enforced by the U.S. Department of Housing and Urban Development (HUD).

An individual requesting an ESA in housing must provide reliable support that shows all the following:

(1) The individual has a physical or mental impairment, has a record of such an impairment, or is regarded as having such an impairment,

(2) The impairment substantially limits at least one major life activity, and

(3) The individual needs the specific animal requested because it performs a job or task, provides assistance, or performs at least one task that benefits the person because of his or her disability, or because the animal provides therapeutic emotional support to alleviate a symptom or effect of the disability of the individual.

*An ESA accommodation is limited to one animal unless specific justification is provided to support the necessity of more than one animal.

****This form should be completed by a medical professional or reliable third party, such as a therapist, who is in a position to know about the student's disability. ****

1. Student's Name:
   _____

2. Describe your professional relationship with the student involving the provision of health care or disability-related services.
   _____
   _____
   _____
   _____

3. Describe the animal, including name, species, age, and weight, that has been prescribed as a reasonable accommodation for the student.

   _____

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4. Please share appropriate information regarding the student's physical or mental impairment(s), including the substantial limitations impacting one or more major life activities.

   _____
   _____
   _____
   _____

5. Describe the tasks, assistance, and/or benefits the animal provides to alleviate one or more of the identified symptoms or effects of the student's disability.

   _____
   _____
   _____
   _____

Name (please print or type): _____

Credentials: _____

Address:_____

License number and state of licenser: _____

Signature of certifying professional: _____ Date _____

RETURN TO STUDENT DISABILITY SERVICES

FAX TO 470-578-9111, OR EMAIL: SDS@KENNESAW.EDU