Guidelines and Request Form for an Emotional Support Animal (ESA) in On-Campus Housing

In compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, the University of North Carolina at Charlotte provides reasonable housing accommodations to students with disabilities. Because the provision for emotional support animals is addressed by the Federal Fair Housing Act, the Office of Disability Services (DS) has established procedures for documenting the need for an emotional support animal in on-campus housing.

An Emotional Support Animal (ESA) is an animal prescribed to an individual with a disability by a healthcare or mental health professional to play a significant part in a person's treatment process, (e.g., in alleviating the symptoms of that individual's disability). An emotional support animal does not assist a person with a disability with activities of daily living, and does not accompany a person with a disability at all times.

Disability Services Process
1. All students must follow general procedures to request on-campus housing, including relevant applications, through the Department of Housing and Residence Life.
2. Students must submit a completed Request Form for an Emotional Support Animal (ESA) in On-Campus Housing (pages 2-4 of this form) to Disability Services for review. Requests should be submitted by May 15th for the fall semester and November 15th for the spring semester. Requests for accommodations received after the deadline will be considered on the basis of available space.
3. Requests are reviewed by DS staff, taking into account the student’s documentation and the necessity of the requested accommodation. Housing and Residence Life will consider the effect on others in the residential housing unit. Depending on such considerations, an alternative housing assignment, based on availability, may be considered.
4. Once a decision is made, DS staff will notify the students by email. If approved, the students must meet with DS staff and sign the ESA Student Agreement. DS staff will then notify appropriate personnel in Housing and Residence Life regarding approval of the ESA request.

REVIEW CAREFULLY: Requirement for Emotional Support Animal in Communal Housing
A campus residence hall is communal housing, with shared spaces such as bathrooms, hallways, living rooms, and ventilation systems. Students who request to have emotional support animals in campus housing agree to the following requirements:

1. Animal must be a domesticated and appropriate for living in communal housing
2. Student must provide proof of current rabies vaccination to DS and keep vaccination current
3. Animal must be housebroken
4. Animal’s weight cannot exceed 40 pounds
5. Dogs and cats must be a minimum of one (1) year old
6. Dogs must be leash-trained; all animals must be under the control of student handler
7. Animal must be contained when student handler is not present, e.g. crate-trained
Request Form for an Emotional Support Animal (ESA) in On-Campus Housing

To Be Completed by the Student:

Student Name: ________________________________
Student ID: ________________________________
UNCC Email: ________________________________ Phone: ________________________________

1. Animal Type (dog, cat, etc.): ________________________________

2. Animal’s Age: ________________________________

3. Animal’s Weight: ________________________________

Student Consent to Release Information

I acknowledge that an exchange of information may need to take place between the medical provider noted in my documentation and the Office of Disability Services. I give my permission for such communication when necessary with my medical provider named herein:

__________________________________________
Print Provider’s Name

__________________________________________
Provider’s phone number

I authorize the Office of Disability Services to receive information regarding my disability relative to my ESA housing request from my medical provider.

__________________________________________
Student Signature

__________________________________________
Date
To Be Completed by the Treating Health Care Provider:

1. Diagnosis: _____________________________________________________________

2. Date of initial diagnosis: ________________________________________________

3. Date of most recent office visit: __________________________________________

4. Is disability/diagnosis temporary? □ Yes □ No

5. If temporary, please indicate anticipated date of recovery: ____________________

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

7. Describe the current impact and functional limitations resulting from the disability.
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

8. Describe how the accommodation of an Emotional Support Animal relates to the student’s disability.
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

9. Is the animal necessary to help alleviate symptoms associated with the student’s disability? □ Yes □ No

10. What symptoms of the student’s disability will be reduced by the presence of an ESA?
___________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
11. Describe evidence that an ESA has helped this student by alleviating symptoms of the disability either in the past or currently.

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

12. Is the animal necessary to help the student use and enjoy University housing?

☐ Yes  ☐ No

Health Care Provider Information

Name of Health Care Provider: ____________________________________________________
Signature: __________________________________________ Date: ______________________
License #: ___________________________________________
Organization: ______________________ Phone #: ___________________

Submit the completed Request Form to:

Office of Disability Services
UNC Charlotte
Fretwell 230
9201 University City Boulevard
Charlotte, NC  28223-0001
Email: disability@uncc.edu
Fax: (704) 687-1395  |  Voice/TDD: (704) 687-0040