

Emotional Support Animal Application

Students, please complete this page and return to the Disability Office (information above)

Name: _____ ID or DOB: _____

E-mail: _____@maine.edu

Home Address: _____ City: _____ State: _____ Zip: _____

Campus Address (Hall and Room #) _____

Home Phone: () _____ Cell Phone: () _____

Best way to leave you a message: Email Cell Phone Home Phone

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to you: _____

Phone: () _____ E-mail: _____

1. When do you want accommodations to begin? Immediately Fall Spring Summer

2. What is your student status? Incoming First Year Continuing Student Incoming Transfer Student

3. Please list any residential programs in which you are or wish to participate i.e. Living/learning community, Honors:

4. If currently living on campus are you in a single _____ or a double _____
Name of roommate if in a double _____

5. If not currently living on campus do you plan to have a roommate: yes _____
Name of preferred roommate _____ or
No, I plan to request a single _____ (requesting a medical single is a separate accommodation process).

6. Type of Emotional Support Animal you are requesting i.e. cat, hamster, etc:

7. Please describe your disability. How does your disability prevent you from fully accessing and participating in residential housing?

8. Please describe the type of assistance or relief that an ESA will provide to you.

9. Are you currently receiving treatment for your disability from a licensed care provider? Does your treatment plan incorporate use of an ESA? Please include a brief description of the plan, including information on how long the treatment plan has been in place.

10. There are a variety of resources on and off campus that students utilize to increase their academic success. Examples include family, friends, psychologists, academic resources centers, individual tutors, etc. What are some of the resources available to you that you plan to access?

11. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

12. Please provide any additional information you would like to have considered when reviewing your request:

Certification and General Release of Information

By signing below, I certify that the above statements are true. I authorize University of Maine at Presque Isle Disability Services to speak with the licensed professional as needed to facilitate a determination of my request. Information discussed must be limited to the disability recorded in this request. I also give permission for Disability Services to disclose my personal information as necessary to other departments to ensure an appropriate room assignment. (Examples: Office of Housing and Residential Life, Facilities).

Signature: _____

Date: _____