



UNIVERSITY OF
**DETROIT
MERCY**
Build A Boundless Future

ESA - REQUEST FOR INFORMATION

The University of Detroit Mercy recognizes that having an Emotional Support Animal (ESA) in the residence hall can be significant for someone with a mental health disorder that substantially limits a major life activity. 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, in advance, for providing this information to assist us in evaluating the request.

Student's Name: _____ Date of Birth: _____

Type of Animal: _____ Name: _____ Age of Animal: _____

The above-named student has indicated that you are their **DIAGNOSING** professional. Please answer the following questions so that we may better evaluate the request for this accommodation.

Information about the Student's Disability

(The ADA defines a person with a disability 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? 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 an ESA to student's well-being

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

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

In your professional opinion, is the student equipped to handle the responsibility of pet ownership?

By signing **YOU AGREE YOU ARE NOT RELATED, OR HAVE BEEN RELATED, TO THE STUDENT.**

Provider Name: _____

Practice/Office Name: _____

Address/Phone: _____

Signature: _____ License #: _____

Please fax to:

Laura M. Bagdady, Assistant Director, DAS

UD Mercy

(fax) 313-578-0342