

## DISABILITY SERVICES

# Emotional Support Animal Request Process

In compliance with the Fair Housing Act, Section 504 and the ADA, University of Massachusetts Lowell is obligated to make reasonable accommodations for Emotional Support Animals in university run Residence Halls. The institution is committed to providing appropriate access to all on-campus residents with a documented disability.

Steps to apply for an Assistance Animal in the residence halls:

1. Complete Emotional Support Animal (ESA) Request and Certified Medical Provider Verification Form
  - Page 2: ESA Student Request Form (*completed by the student*)
  - Page 3: ESA Student Request Release of Information Form (*completed by the student*)
  - Pages 4-5: ESA Certified Medical Provider Verification Form (*completed by the licensed medical provider*)
  - Email completed form to [disability@uml.edu](mailto:disability@uml.edu)
2. Complete the Process to [Register with Disability Services](#)
  - If not already registered, submit documentation to establish the existence of a disability and complete an intake meeting
3. Once approved, complete the [Animals in Residence Form](#) and follow the process through Residence Life

For more detailed information on the campus policies regarding Animals on Campus please visit the [Emotional Support Animals](#) website.

University Crossing 220 Pawtucket  
Street, Suite 300  
Lowell, Massachusetts 01854  
Tel. 978.934.6800  
Fax: 978.934.2032  
Email: [Disability@uml.edu](mailto:Disability@uml.edu)

**DISABILITY SERVICES**

**ESA Student Request Form**

To be completed by the student

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Student ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
Campus Address: \_\_\_\_\_  
Type of Animal: \_\_\_\_\_

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Animals are not permitted in the Residence Halls at UML unless they are approved as an accommodation for a disability. In requesting an accommodation of an emotional support animal in your residence hall assignment, please explain the supports the animal provides. Please include examples on how your ESA alleviates the symptoms of your condition.

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

**DISABILITY SERVICES**

## **Emotional Support Animal (ESA) Student Request Release of Information Form**

I, \_\_\_\_\_ (full name) hereby authorize the release of the following information to the Disability Services office at University of Massachusetts Lowell for the purpose of determining my eligibility for an ESA accommodation.

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### **ESA Certified Medical Provider Verification Process**

In compliance with the Fair Housing Act, Section 504 and the ADA, University of Massachusetts Lowell is obligated to make reasonable accommodations for Emotional Support Animals in university run Residence Halls. The institution is committed to providing appropriate access to all on-campus residents with a documented disability.

The student above is requesting an ESA. To determine eligibility and to provide services, we require documentation of the student's need for this accommodation. The documentation must be provided by a licensed professional with a history of an established relationship with the student *and* who is qualified to support an ESA as a necessary accommodation for access.

A diagnosis in and of itself does not automatically qualify an individual for this accommodation; the documentation must also specifically support the need for an animal as necessary for access to living on campus.

This information will be in the student's confidential file in the Disability Services record-keeping system, separate from University academic records. The student may request access to this form.

After completing this form, please print it, sign it, and email or FAX it to us at the address in our letterhead. Further, if relevant, additional supporting documentation may be attached.



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**DISABILITY SERVICES**

**ESA Certified Medical Provider Verification Form**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of requested ESA: \_\_\_\_\_

Student diagnosis or diagnoses: \_\_\_\_\_

Date of above Diagnosis(es): \_\_\_\_\_ Date last seen: \_\_\_\_\_

How did you arrive at this diagnosis? (Please check all relevant items below).

- Structured or unstructured interviews with student
- Interviews with other persons
- Behavioral observations
- Developmental history
- Educational history
- Medical history
- Neuropsychological testing. Date(s) of testing: \_\_\_\_\_
- Psychoeducational testing. Date(s) of testing: \_\_\_\_\_
- Standardized or non-standardized rating scales.
- Other (Please specify): \_\_\_\_\_

List the student's functional limitations regarding the ability to independently access the on-campus housing environment:

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**DISABILITY SERVICES**

To help alleviate these difficulties, enhance student’s ability to live independently, and reside in University-owned and administered housing, please share how a support animal will assist in mitigating symptoms of the disability. It is anticipated that the animal will assist in the following manner(s):

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Identify the ways in which an ESA will benefit/impact the student in the following areas:  
 (1 – no significant benefit; 2 – some benefit; 3 – significant benefit; 4 – utmost benefit)

<b>Life Activity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Please explain</b>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacting/initiating relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Caring for oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managing stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Participating in activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Submitting work on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attending class regularly & on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Making and keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintaining organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Please share anything else we need to know in determining this accommodation:

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**Licensed Professional Credentials:**

Medical Provider's Name and Title/Credentials: \_\_\_\_\_

Field of Practice: \_\_\_\_\_ License No. and Type: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Tel No: \_\_\_\_\_ Date: \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_

*\*Qualified professionals are licensed with a history of an established relationship with the student and who is qualified to support an ESA as a necessary accommodation for access.*