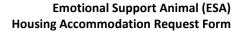


Emotional Support Animal (ESA) Housing Accommodation Request Form

The Offices of Student Disability Services (SDS) and Residential Life make reasonable accommodations for students who require special housing arrangements due to disabilities. We recognize that having an Emotional Support Animal (ESA) in the residence hall can be a therapeutic support for a student with a significant mental health condition and all requests are taken under consideration. Appropriate supporting documentation (ESA recommendation) is required. We accept disability documentation from mental health providers in or near the State of Maryland and/or the student's home state who have an established treatment relationship with the student. Please note, ESA Letters purchased online generally are not useful in establishing the need for an ESA.

(Page 1 of 2) TO BE COMPLETED BY THE STUDENT:				
Name	CampusID	E-mail	@umbc.edu	
ESA: Type/breed	ESA Age	ESA Name		
A. State your (DSM-V) diagnosis that requires an ESA:				
B. How long have you had this	mental health diagnosis?			
C. What medication(s) and/or	treatments do you currently use	to manage this conditio	n?	
D.What factor(s) improve and	or exacerbate this condition? _			
E. How frequently are you affe	ected by this condition? Daily	Weekly Monthly	/ Seasonally	
F. If you are a returning reside	ential student with this NEW acco	mmodation request, wh	nat has changed that	
requires consideration? Note:	Details can be discussed privatel	ly with an SDS disability	specialist in the office.	
given to my mental health care prov submit a narrative support letter that regarding requirements for ESAs in o	hat all of the information above is accurvider who will complete page 2 for submat provides all of the requested information campus housing found at the following ing my mental health provider to share	nission to the SDS office OR <i>n</i> tion. I also certify that I have link <u>https://sds.umbc.edu/er</u>	ny mental health provider wil read the information posted motional-support-animals/	
Student Signature		Date	_	
Parent/Guardian Signature (require	d if an applicant is under the age of 18)	 Date	_	





(Page 2 of 2) TO BE COMPLETED BY THE MENTAL HEALTH PROVIDER:

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conflicts,

This completed form must be returned in its entirety via mail, e-mail (pdf), fax, or in-person to:

UMBC Office of Student Disability Services (SDS), 1000 Hilltop Circle, Math/Psychology Room 212, Baltimore, MD 21250

Questions? E-mail: disAbility@umbc.edu Phone: (410) 455-2459 Fax: (410) 455-1028