

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 condition? \_\_\_\_\_

\_\_\_\_\_

D. What factor(s) improve and/or exacerbate this condition? \_\_\_\_\_

\_\_\_\_\_

E. How frequently are you affected by this condition? Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Seasonally \_\_\_

F. If you are a returning residential student with this NEW accommodation request, what has changed that requires consideration? Note: Details can be discussed privately with an SDS disability specialist in the office.

\_\_\_\_\_

\_\_\_\_\_

By signing below, I hereby declare that all of the information above is accurate, and that I consent to both pages of this form being given to *my mental health care provider who will complete page 2* for submission to the SDS office OR *my mental health provider will submit a narrative support letter* that provides all of the requested information. I also certify that I have read the information posted regarding requirements for ESAs in campus housing found at the following link <https://sds.umbc.edu/emotional-support-animals/>  
By signing below, I consent to allowing my mental health provider to share my information, relative to my need for an ESA, with UMBC SDS for the next 60 days.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if an applicant is under the age of 18)

\_\_\_\_\_  
Date

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

Student's Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider's Name \_\_\_\_\_ **License No.** \_\_\_\_\_ State \_\_\_\_\_

Provider's Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The above-named student has indicated that you are the mental health provider [i.e. psychiatrist, social worker, or licensed counselor] who has recommended/prescribed that having an Emotional Support Animal (ESA) in the residence hall will help alleviate one or more of the symptoms of the student's disability and is part of their treatment plan. In order to assist us in evaluating the student's request for this accommodation, please answer the following:

**Information About the Student's Disability**

A. What is the nature of the student's mental health impairment/qualifying disability (i.e., what is the DSM-V diagnosis **and** how is the student substantially and functionally limited in one or more major life activities)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. When did you first meet with the student regarding this mental health diagnosis? \_\_\_\_/\_\_\_\_month/year

C. Are you currently treating the student for this diagnosis or have you in the past year? \_\_\_\_\_ When was the last time you met with the student? \_\_\_\_\_

**Information About the Proposed ESA**

D. Is this an animal that you specifically prescribed as part of treatment for the student? YES\_\_\_ NO\_\_\_  
Is this a pet that you believe will have a beneficial effect on the student's mental health while in residence on campus? YES\_\_\_ NO\_\_\_

E. What symptoms will be reduced by having an ESA? \_\_\_\_\_

F. Is there evidence that an ESA has helped this student in the past or currently? \_\_\_\_\_

**Importance of ESA to Student's Well-Being and Access to Residential Life**

G. In your opinion, how important is it for the student's well-being that the ESA be in their residence on campus? What concerns in terms of disability symptomology may result if the ESA is not approved?

\_\_\_\_\_  
\_\_\_\_\_

H. Have you discussed the responsibilities associated with properly caring for an animal while engaged in college activities and demands while residing in campus housing? (If you have not had this conversation with the student, we will be discussing it with the student prior to an ESA approval.) YES\_\_\_ NO\_\_\_

I. Do you believe those responsibilities (e.g., costs, emergency care, cleaning, feeding, roommate conflicts, travel, noise, etc.) might exacerbate the student's symptoms in any way? \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

**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](mailto:disAbility@umbc.edu) Phone: (410) 455-2459 Fax: (410) 455-1028**