STOCKTON UNIVERSITY | WELLNESS CENTER

Learning Access Program
Emotional Support Animal Request Form

Section I: Student Information

Please complete the following information.

Student Name_____ Z# _____

Date of Birth _____/_____/_____ Cell Phone _____

Current Housing Placement:

_____

Information About the Proposed Emotional Support Animal

Emotional Support Animal Name: _____

Type of Animal _____ Age _____ Weight _____

**Vaccination records are required to be submitted with this application.

Please provide a personal statement describing your condition and your need for an Emotional Support Animal on campus.

_____

_____

_____

_____

I have read and understand the Emotional Support Animal Procedure. (please initial) _____

I give permission for a member of the Housing Committee to contact my provider should there be any questions or concerns regarding the information provided. (please initial) _____

Section II: Provider Information

Applicant's Name _____

The above named student has indicated that you are the provider treating them for their mental health condition and that you have recommended that having an ESA in the residential complex will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request, please answer the questions below.

Name and credentials of the professional who completed the most recent evaluation and is recommending the ESA.
(e.g. Jane Smith, MD, Psychiatrist)

Name _____ Degree _____ Area of Expertise _____

Diagnosis: (please list all relevant diagnoses and co-existing conditions according to DSM 5 and/or ICD-10)

_____

How long have you been working with the student regarding this diagnosis? _____

Date of your last clinical contact with student _____ / _____ / _____

Would the Emotional Support Animal be part of the student's ongoing treatment plan? _____

Functional Impact: Please explain the functional impact of the student's disability.

_____

_____

What symptoms are reduced by the use of an ESA?

_____

_____

If the ESA could not be provided, please explain the impact on the student. _____

_____

Is there evidence that an ESA is currently helping or has helped in the treatment of this student? _____

If yes, how long have you observed the benefit of this relationship? _____

Do you believe the additional responsibility of having an ESA on campus would exacerbate the student's symptoms? _____

Thank you for completing this form. Please sign below and attach a copy of your business card or office stamp in the provided area. Completed forms can be sent to lap@stockton.edu.

Signature _____

License # _____

Date _____ / _____ / _____