

STUDENT DISABILITY & ACCESSIBILITY CENTER (SDAC)  
Health & Wellness Services (Bldg. 80)  
100 Campus Center, Seaside, California 93955-8001  
Phone 831.582.3672 | Fax 831.582.4024 | TTY 831.582.5307  
Email: [sdac@csumb.edu](mailto:sdac@csumb.edu)  
URL: <https://csumb.edu/sdac>

## Emotional Support Animal Request Form

### To be completed in addition to appropriate Disability Verification

Please fill out and return this form to SDAC at the above address.

The student named below may be eligible for services offered through the Student Disability & Accessibility Center (SDAC). In order to provide these services, we must have verification of the student's disability. Please be assured that the information provided below will be used in confidence for the educational benefit of the student.

---

**STUDENT:** Please be aware that until an emotional support animal is approved by the Student Disability & Accessibility Center and Student Housing and Residential Life, it is not authorized to be on campus grounds.

**Definition of Disability:** According to CSU Policy for the Provision of Accommodations and Support Services to Students with Disabilities, a disability shall mean a physical or mental impairment of an individual that limits one or more of the major life activities and requires either a record of such an impairment, or documentation of having been regarded as having such an impairment. A limitation can include a notable, significant, or meaningful difference to the manner in which the individual engages in a major life activity, the duration for which they can engage in the activity, or the frequency, which they can engage in the activity. Major life activities can include, but are not limited to caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, learning, communicating, working, and functioning of major bodily systems.

### TO BE COMPLETED BY THE STUDENT

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip Code

Email: \_\_\_\_\_ Student ID#: \_\_\_\_\_

---

Student Signature for release of medical information to SDAC: \_\_\_\_\_

### **FOR TREATING PROVIDER**

Date of Assessment: \_\_\_\_\_ Date of last office visit: \_\_\_\_\_

1. Describe your relationship with the individual on which you are basing your treatment plan that includes the recommendation of an Emotional Support Animal (ESA). Is your principle clinical relationship with the individual for the condition for which you've determined the animal is necessary? How many sessions have you had with the client?

---

---

---

---

2. Confirm that the individual has a mental health or stress related condition that rises to the level of disability (see above definition). \_\_\_\_\_  
\_\_\_\_\_
3. What are the functional limitations of the disability (disorder/medication effect on academic/housing tasks)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Please explain how the emotional support animal helps alleviate the functional limitations of the disability (please give specific examples) and does the recommended animal mitigate the impact of the disability beyond the benefits the typical individual would receive from a pet? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If approved, are there perceived challenges the student may experience in caring for the animal? Is that part of the treatment plan? \_\_\_\_\_  
\_\_\_\_\_
6. Can you validate the specific animal (breed, color, sex, name)? \_\_\_\_\_
7. Are you aware of or have your recommended any training for the animal? If so, please describe.  
\_\_\_\_\_  
\_\_\_\_\_
8. Please provide a date at which the effectiveness or ongoing need should be reassessed.-  
\_\_\_\_\_

Signature of Professional \_\_\_\_\_ Date: \_\_\_\_\_  
Name (Printed) \_\_\_\_\_ License #: \_\_\_\_\_  
Title/Specialty: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
  Street  City  State  Zip Code  
Phone: \_\_\_\_\_

Please return this form to our office as soon as possible so this student's request may be considered. If you have any questions, please call (831) 582-3672. We invite you to add any documents from your files, which would further describe his/her current disability.