



UNIVERSITY of NORTH CAROLINA WILMINGTON

DISABILITY RESOURCE CENTER

### EMOTIONAL SUPPORT ANIMAL VERIFICATION

The student named below has begun the process to request the presence of an Emotional Support Animal (ESA) in university housing at the University of North Carolina Wilmington. In order to determine eligibility under the Fair Housing Act, we require documentation of the student’s need for an ESA.

The presence of a disorder in and of itself does not automatically qualify an individual for this accommodation. The documentation must also support the need for an ESA.

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### RELEASE OF INFORMATION

I, (student print name) \_\_\_\_\_, hereby authorize the release of the following information to the Disability Resource Center (DRC) at the University of North Carolina Wilmington for the purpose of determining my eligibility for educational accommodations.

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

\_\_\_\_\_  
UNCW ID#

\_\_\_\_\_  
Today’s Date

DISABILITY RESOURCE CENTER

## EMOTIONAL SUPPORT ANIMAL VERIFICATION FORM

To the certifying professional:

Please complete the form below in as much detail as possible. Email, fax or mail it directly to the Disability Resource Center (DRC) using our contact information at the bottom of the page. The information you provide will not become part of the student's educational records. It will be kept in the student's file in the DRC, where it will be held strictly confidential. This form may be released to the student at his/her/their request. In addition to the desired information below, please attach any other information you feel would be relevant to the student's adjustment in the academic environment. Please contact the DRC if there are any questions or concerns.

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

2. Type/Description of Emotional Support Animal: \_\_\_\_\_

3. Please list any diagnoses or conditions for which the student is receiving services.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Date of Above Diagnosis: \_\_\_\_\_

5. Date of Most Recent Visit: \_\_\_\_\_

6. In addition to DSM V criteria, how did you arrive at your diagnosis?  
 Please check all relevant items below. Add brief notes you believe may be helpful to us as we determine if this service is appropriate for the student.

- Structured or unstructured interviews with the 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: \_\_\_\_\_

7. Please check all major life activities indicating the degree to which the student's limitations will be positively impacted by the presence of an ESA.

| Life Activity                  | No Impact                | Moderate Impact          | Severe Impact            | Don't Know               |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Concentration                  | <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"/> |
| Sleep                          | <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"/> |
| Social Interactions            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Care                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing Internal Distractions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Managing External Distractions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Making & Keeping Appointments  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stress Management              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organization                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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8. What are the functional limitations experienced by the student related to the disability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Please describe how the presence of the ESA will address the limitations noted above and enable the student to fully utilize the housing environment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Please describe what other forms of treatment and/or interventions are in place to ameliorate the symptoms of this diagnosis. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Please describe evidence that the presence of the ESA alleviates symptoms of the disability. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Is the animal medically or psychologically necessary to help the student use and enjoy university housing?  
 Yes     No
- \_\_\_\_\_

### CERTIFYING PROFESSIONAL\*

Professional's Name \_\_\_\_\_ Title \_\_\_\_\_  
Name of Practice \_\_\_\_\_  
Address \_\_\_\_\_  
License No. \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Signature of Professional \_\_\_\_\_ Date \_\_\_\_\_

\*Qualified professionals are psychologists/neuropsychologists, psychiatrists/neuropsychiatrists, professional counselors, mental health counselors, clinical social workers or other qualified medical professionals who possess the knowledge, skills and abilities to determine whether or not an ESA is a medical/psychological necessity for an individual with a diagnosed disability.

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