



UNIVERSITY of NORTH CAROLINA WILMINGTON

DISABILITY RESOURCE CENTER

EMOTIONAL SUPPORT ANIMAL VERIFICATION PROCEDURES

Procedures for Requesting an Emotional Support Animal in University Housing

An Emotional Support Animal (ESA) may not reside in University Housing without the approval of the University. Disability Resource Center (DRC) staff collaborate on all ESA requests. ESA requests are evaluated on a case-by-case basis. Incomplete applications will not be reviewed. Complete the following steps:

1. Log on to the [DRC Student Portal](#).
2. Complete the Pre-Enrollment Registration form, submit disability documentation and ESA form.
3. Next steps will be sent to your UNCW email address after review.

Student Understanding and Release of Information for an ESA

Some websites sell certificates, registrations, and licensing documents for ESAs to anyone who answers certain questions or participates in a short interview. Documentation from internet health care professionals who review student profiles and create template ESA letters is not sufficient to reliably establish a disability-related need for an ESA.

Please indicate your understanding of, or compliance with, the following by initialing below:

_____ I understand DRC staff will make the determination on whether my ESA accommodation request is reasonable for the living environment.

_____ I understand any decision made by DRC staff may be appealed through established [grievance procedures](#).

DISABILITY RESOURCE CENTER RELEASE OF INFORMATION

I, (Student Print Name) _____, authorize the release and exchange of information to the **Disability Resource Center (DRC)** for determining eligibility to a reasonable accommodation for the ESA being requested. If additional information is necessary, DRC staff may contact the Qualified Professional who certifies this form to discuss relevant disability-related information.

This authorization expires four years from the date indicated below, or upon graduation from UNCW, whichever comes first. I understand that I have the right to revoke this consent in writing at any time.

Student Signature*

UNCW 850#

UNCW Email

Today's Date

*Information left blank or incomplete will delay DRC staff from contacting you in providing next steps in the process.

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To the Qualified Certifying Professional:

The student listed on the attached form has begun the process to request the presence of an Emotional Support Animal (ESA) in university housing. To properly evaluate the student's request, the Disability Resource Center (DRC) requires information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student's diagnosed disability, including the intentional use of an ESA to address the functional limitations that result from the student's physical or psychological condition(s).

As a qualified professional within your respective field, when completing this form consider:

- Does the student making the request have a disability which substantially limits their ability to equally access campus housing?
- Do you believe the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits a person receives from a pet?

A diagnosis or medical provider recommendation does not guarantee the student's request for an ESA will be approved. DRC staff complete a comprehensive review of the provider's recommendations, current nature of the student's symptoms, student's self-report, and all available accommodations and university supports when making final decisions and recommendations.

Please provide detailed answers for **all** questions. If you are unable to provide a response for a question, indicate the reason. **Incomplete forms may delay the review process.**

Submit the completed form by email to DRC@uncw.edu or via fax 910.962.7556. Contact our office with any questions or concerns. Your assistance with our evaluation of the student's request is appreciated.

Sincerely,

Disability Resource Center Staff
University of North Carolina Wilmington

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Student's Name: _____ Today's Date: _____

Proposed ESA: _____ Animal Name: _____ Age: _____

Please note not all animals may be appropriate for the residence halls; it is possible the student may be approved for an ESA, based on the information you provide, but may not be allowed to bring the specific animal named.

List any diagnoses or conditions for which the student is receiving services:

In your professional opinion, what major life activities are substantially limited by this diagnosis?

Date of Above Diagnosis: _____ How long has this patient been in your care? _____

Date of most recent visit: _____

This visit took place via: Phone Office Visit Video Conference Internet Questionnaire Email

1. As a qualified health care professional, are you licensed to diagnose, provide, and document services in the state in which the student resides or in the state of North Carolina? Yes No

2. Is this animal part of an ongoing treatment plan? Yes No
If yes, please describe:

3. Does the student have an established relationship with the animal, or will it be new? Established New

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CERTIFYING PROFESSIONAL*

Provider Name (print) _____ Title _____

Area(s) of Specialization _____

Name of Practice _____

Office Address _____

State of Licensure/Certification _____ License No _____

Phone _____ Fax _____ Email _____

By signing below, you attest the above information is your direct evaluation and complete and accurate to the best of your knowledge and certify, based upon professional ethics, you are not related to this student by blood or marriage.

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 an ESA is a medical/psychological necessity for an individual with a diagnosed disability.

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