



## DISABILITY ACCOMMODATION REQUEST FORM FOR EMOTIONAL SUPPORT ANIMAL IN UNIVERSITY HOUSING

The University of Wisconsin-Green Bay ("UW-Green Bay" or the "University") recognizes the importance of providing reasonable accommodation in its housing policies and practices where necessary for students with disabilities to use and enjoy University housing. A reasonable accommodation is an exception to the usual rules or policies that a resident with a disability may need to have equal opportunity to use and enjoy University housing.

Please complete this form and return it to The Office of Residence Life no fewer than 60 days before you intend to move into University housing. You may return the form by regular mail, fax, or email to:

UW-Green Bay  
Office of Residence Life  
2420 Nicolet Drive  
Green Bay, WI 54311

Phone: 920-465-2040  
Fax: 920-465-2771  
Email: [housing@uwgb.edu](mailto:housing@uwgb.edu)

### Please answer the following questions:

Name of Student/Resident (print): \_\_\_\_\_

Student ID: \_\_\_\_\_ Assigned Housing Unit: \_\_\_\_\_

Animal Requested (species, name, weight): \_\_\_\_\_

How long have you been receiving therapeutic assistance from the requested animal? \_\_\_\_\_

In what ways does/will the ESA alleviate one or more of the identified symptoms/limitations present by the condition? \_\_\_\_\_

How does your ESA fit into your overall treatment plan? \_\_\_\_\_

Have you experienced a previous benefit from this ESA or current benefits of having the ESA? \_\_\_\_\_

What consequences, in terms of disability symptomology, may result if an ESA is not provided?

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Are you able to properly care for an ESA while engaged in typical college activities and/residing in university housing? \_\_\_\_\_

**Please indicate (check) other treatments currently being utilized:**

\_\_\_\_\_ Counseling/Therapy (Include date(s) and frequency): \_\_\_\_\_

\_\_\_\_\_ Medication: \_\_\_\_\_

\_\_\_\_\_ Other (please describe) \_\_\_\_\_

You must provide a verification from a reliable third party (e.g., a mental health professional, physician or other medical professional) establishing that you have a disability and that the accommodation is necessary to provide you an equal opportunity to use and enjoy University housing. Please identify the person that can provide such a verification.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This signature authorizes the verifier to provide only the information necessary to verify whether the individual making the request has a disability and/or to evaluate if the reasonable accommodation is necessary to provide the individual an equal opportunity to use and enjoy University housing.*

### **Acknowledgement and Release of Information Consent Form – Emotional Support Animal Policy**

I have read and understand the Emotional Support Animal Policy and agree to abide by the requirements applicable to Emotional Support Animals (ESA). I understand that if I fail to meet the requirements set forth in the Policy, UW-Green Bay has the right to remove the Emotional Support Animal and I will be nonetheless required to fulfill my housing, academic, and all other obligations to UW-Green Bay for the remainder of the housing contract. In addition, I give permission for my ESA forms & information to be shared with the UW-Green Bay Housing Review Committee to determine if an ESA is permitted to reside in university housing. The Office of Residence Life can disclose to others impacted by the presence of my ESA that I will be living with an animal as an accommodation, if approved.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 9/25/19