



TEXAS TECH UNIVERSITY

# Student Disability Services

## Housing Request for Emotional Support Animal (ESA)

*This page to be filled out by the student seeking the accommodation(s).*

Name \_\_\_\_\_ R# \_\_\_\_\_

I am requesting the following **HOUSING** accommodation:

1 - Housing request for an **Emotional Support Animal**: \_\_\_\_\_ (type)

*“ESA types are animals commonly kept in households: dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small, domesticated animal that is traditionally kept in the home.*

*Reptiles (other than turtles), barnyard animals, monkeys, kangaroos, and other non-domesticated animals are not considered common household animals.” ([www.hud.gov](http://www.hud.gov))*

*If the individual is requesting to keep a unique type of animal that is not commonly kept in households as described above, then the requestor has the substantial burden of demonstrating a disability-related therapeutic need for the specific type of animal. The individual is encouraged to submit documentation from a health care professional confirming the need for this animal. ([www.hud.gov](http://www.hud.gov))*

### **Information for Students seeking accommodations and Medical Providers:**

Student Disability Services at Texas Tech University complies with all federal and state disability laws to ensure equal access for qualifying persons with a disability to educational programs, services, and activities.

Please complete this form to assist Student Disability Services in determining appropriate and reasonable disability accommodations. To be considered for a housing accommodation due to a disability, Texas Tech University requires documentation of the student’s current condition from the treating clinical professional or health care provider. This provider must be thoroughly familiar with the student’s condition and functional limitations and must make a direct connection to the requested accommodation based on the student’s current functional limitations. This provider may not be a relative of the student. **Please complete this form in total. Additional paperwork may be attached if the space provided is inadequate. Any information left blank may delay the student’s approval process.**

*All documentation submitted to Student Disability Services is considered confidential. Student Disability Services may share minimal information with appropriate University staff in order to process the request.*

***Please be aware that it will take time to process your request. Therefore, please submit your request well in advance of when you plan to bring the emotional support animal to campus.***

***No animal that can be vaccinated is permitted in University Housing without vaccination and shot records.***

I authorize Texas Tech University Student Disability Services to receive documentation and speak to my current, clinical professional or health care provider, \_\_\_\_\_.

*Print Name of Medical Provider*

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

**Student: Please return this form (all pages) to:  
Texas Tech University Student Disability Services  
130 Weeks Hall or by email to [sds@ttu.edu](mailto:sds@ttu.edu)**

**\*\*Please complete this form in total. Additional paperwork may be attached if the space provided is inadequate. Any information left blank may delay the student’s approval process.**

**This page to be filled out by the student’s primary health care provider or clinical professional. *Student's Name***

Print Name and Title: \_\_\_\_\_

Credentials: \_\_\_\_\_ Specialty: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I formally conducted or supervised and co-signed the diagnostic assessment of this student.

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

1. Date of Initial Contact with Student: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.
2. Disability: Please list all relevant disabilities. \_\_\_\_\_  
\_\_\_\_\_

3. Procedure/assessment used to determine this condition: (Attach copies of results if needed)  
\_\_\_\_\_

4. Current Severity of Symptoms                      *and*                      Prognosis of Condition/Disorder:
 

<input type="checkbox"/> mild	<input type="checkbox"/> good
<input type="checkbox"/> moderate	<input type="checkbox"/> fair
<input type="checkbox"/> severe	<input type="checkbox"/> poor

5. Date of last office visit with Student: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

6. Indicate why/how the recommended change(s) to the environment are necessary. Recommendations must be clearly linked to functional limitations of the student’s condition.  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing this document.