



Emotional Support Animal Request Form

Student Information:

First Name: _____ Last Name: _____

Student ID Number: _____ Contact Phone: _____

Date of Birth: _____ Move in Date: _____

Requested accommodation is for the following term (requests should be submitted 45 days prior to move in):

Year: _____ Fall Spring Summer

Instructions for clinician:

In order to determine reasonable accommodations for residence life, Lewis University requires current documentation from a licensed clinical professional or health care provider. This form must be filled out by a licensed clinical professional familiar with the history and functional limitations of the student's conditions. The provider completing this form cannot be a relative of the student. If the space provided is not adequate, please attach a separate sheet of paper. The provider may also attach a report providing additional related information. Name, signature, title, and professional credentials must be provided at the end of this form. Please answer the questions as thoroughly as possible

Provider Information:

Name: _____

Title: _____

Phone Number: _____ License or Certification Number: _____

Please provide the answer to the following:

Federal laws define a person with a disability as, "any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

1. Does the student listed above have a physical or mental impairment that substantially limits one or more major life activities including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working? _____ Yes _____ No
2. How long have you been working with the student regarding this disability? _____
3. Are you prescribing/recommending/authorizing the assistance animal to ameliorate the effects of a diagnosed condition? _____ Yes _____ No



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4. What are the effects that the animal ameliorates?

5. Is the assistance animal necessary in order for the above named student to have the same opportunity that a student without a disability has to use and enjoy their residence?

_____ Yes _____ No

6. Please describe the animal that is being prescribed/recommended/authorized to the student (please be specific, the breed and /or type of animal).

7. When an assistance animal is approved in University housing, the student will be expected to be able to care for, control, feed, and clean up after the animal. Does this student have the capacity to perform these duties?

_____ Yes _____ No _____ Unknown

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

Clinician Signature

Date

This form can be returned to:

Lewis University
Attn: Academic Services, Learning Access Coordinator, Unit 270
One University Parkway
Romeoville, IL 60446

Phone: 815-836-5593
Fax: 815-834-6614
Email: LearningAccess@lewisu.edu