

## Office of Disability Services

### The University of North Carolina at Charlotte

9201 University City Boulevard, Charlotte, NC 28223-0001

tel: 704-687-0040 (V/TTY) | fax: 704-687-1395

Fretwell 230 | [www.ds.charlotte.edu](http://www.ds.charlotte.edu)

## Guidelines and Request Form for an Emotional Support Animal (ESA) in On-Campus Housing

### Guidelines

In compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, the University of North Carolina at Charlotte provides reasonable housing accommodations to students with disabilities. Because the provision for emotional support animals is addressed by the Federal Fair Housing Act, the Office of Disability Services (DS) has established procedures for documenting the need for an emotional support animal in on-campus housing.

An **Emotional Support Animal (ESA)** is an animal prescribed to an individual with a disability by a healthcare or mental health professional to play a significant part in a person's treatment process, (e.g., in alleviating the symptoms of that individual's disability). Generally, documentation acquired from websites or health care professionals who have had no contact with the student except for limited encounters that were specifically intended to produce an ESA letter are not considered to be reliable. An emotional support animal does not assist a person with a disability with activities of daily living, and does not accompany a person with a disability at all times.

### Disability Services Process

1. All students must follow general procedures to request on-campus housing, including relevant applications, through the Department of Housing and Residence Life.
2. Students must submit a completed **Request Form for an Emotional Support Animal (ESA) in On-Campus Housing** (*pages 3-5 of this form*) to Disability Services for review. Requests should be submitted by May 15th for the fall semester and November 15th for the spring semester. Requests for ESA accommodations received after the deadline will be considered on the basis of available space.
3. Requests are reviewed by DS staff, taking into account the student's documentation and the necessity of the requested accommodation. Housing and Residence Life will consider the effect on others in the residential housing unit. Depending on such considerations, an alternative housing assignment, based on availability, may be considered.
4. Review is a multi-step process, and because impact on others in the residential unit must be considered, timeliness of the request is important. Requests received less than eight (8) weeks from the last day of the final exam period for the current semester will not be addressed that semester. *However*, those requests can be considered for the following semester, provided documentation remains appropriate.
5. Once a decision is made, DS staff will notify the student by email. If approved, the student must meet with DS staff and sign the ESA Student Agreement. DS staff will then notify appropriate personnel in Housing and Residence Life (HRL) regarding approval of the ESA request. Only after the student completes the HRL animal agreement may they bring their ESA to campus.

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## Guidelines and Request Form for an Emotional Support Animal (ESA) in On-Campus Housing Guidelines, continued

### **REVIEW CAREFULLY: Requirements for Emotional Support Animal in Communal Housing**

A campus residence hall is communal housing, with shared spaces such as bathrooms, hallways, living rooms, and ventilation systems. Students who request to have emotional support animals in on-campus housing agree to the following:

1. The ESA must be an animal commonly kept in households and appropriate for living in communal housing. Examples of a common household animal include a dog, cat, small bird, rabbit, hamster, gerbil, other rodent, fish, turtle, or other small, domesticated animal traditionally kept in the home for pleasure. Generally, and per HUD guidance, reptiles (other than turtles) are not considered common household animals.
2. Our practice is generally to consider only one (1) animal per student.
3. Students must provide proof of current rabies vaccination to DS at the time of their ESA meeting with DS staff. Additionally, students are responsible for ensuring that the animal's rabies vaccination status remains current and for maintaining those records.
4. Animal's weight cannot exceed 40 pounds.
5. Dogs and cats must be a minimum of one (1) year old.
6. Animal must be housebroken.
7. Dogs must be leash-trained; all animals must be under the control of student handler.
8. Animal must be contained when student handler is not present, e.g. crate-trained.

### **In Case of Emergency**

Students requesting to have an Emotional Support Animal in on-campus housing must have a plan for the care of their animal in the event of an emergency. Be prepared to provide Housing and Residence Life staff with an emergency contact who can retrieve your ESA within twelve hours in the event that you are unable to care for the animal.

### **Deadlines**

- In order to address housing in a timely manner, the completed **Request Form** should be submitted to Disability Services by May 15th for the fall semester and November 15th for the spring semester. *Requests for ESA accommodations received after these deadlines will be considered on the basis of available space.*
- Requests received less than eight (8) weeks from the last day of the final exam period for the current semester will not be addressed that semester. *However, those requests can be considered for the following semester, provided documentation remains appropriate.*

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**Request Form for an Emotional Support Animal (ESA)**  
**in On-Campus Housing**

**To Be Completed by the Student:**

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

Student ID: \_\_\_\_\_

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

1. Animal Type (dog, cat, etc.): \_\_\_\_\_
2. Animal's Age: \_\_\_\_\_
3. Animal's Weight: \_\_\_\_\_
4. Requesting ESA for: (Indicate semester and year) \_\_\_\_\_

**Student Consent to Release Information**

Disability Services staff may need to contact my medical provider to verify the medical information submitted for my request. Additionally, an exchange of information may need to take place between the medical provider noted in my documentation and the Office of Disability Services. I give my permission for such communication when necessary with my medical provider named herein:

\_\_\_\_\_  
*Print Provider's Name*

\_\_\_\_\_  
*Provider's phone number*

I authorize the Office of Disability Services to receive information regarding my disability relative to my ESA housing request from my medical provider.

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

\_\_\_\_\_  
*Date*

**To Be Completed by the Treating Health Care Provider:**

1. Diagnosis: \_\_\_\_\_

2. Date of initial diagnosis: \_\_\_\_\_

3. Date of most recent office visit: \_\_\_\_\_

4. Is disability/diagnosis temporary?  **Yes**       **No**

5. If temporary, please indicate anticipated date of recovery: \_\_\_\_\_

6. How long have you been working with the student regarding this mental health diagnosis?

7. Number of visits you have had with the student dedicated to this specific diagnosis:

8. Describe the current impact and functional limitations resulting from the disability.

9. Describe how the accommodation of an ESA relates to the student's disability.

10. Is the animal necessary to help alleviate symptoms associated with the student's disability?

**Yes**       **No**

11. What symptoms of the student's disability will be reduced by the presence of an ESA?

12. Describe evidence that an ESA has helped this student by alleviating symptoms of the disability either in the past or currently.

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13. What other forms of treatment and/or interventions are in place to ameliorate the symptoms of this diagnosis?

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14. How long has this specific animal served in the capacity of an ESA for this student?

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15. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in on-campus housing?

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**Health Care Provider Information**

Name of Health Care Provider: \_\_\_\_\_

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

License #: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Submit the completed Request Form to:**

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