



EMOTIONAL SUPPORT ANIMAL REQUEST

I, _____, am requesting an Emotional Support Animal (ESA) be forwarded to the Residence Life Director for _____ semester of 20_____.

This Request is for: _____ Morgan Hall _____ Makenzie Hall _____ Family Housing

Room/House Number: _____

Name, Species, Breed, and Age of ESA: _____

Veterinarian Name and Phone Number: _____

Contact information of alternate ESA care person in case of an emergency: _____

Signature: _____ Date: _____