Student Name: _____

Bronco ID: _____ Date: _____

FAYETTEVILLE STATE UNIVERSITY

COUNSELING AND PERSONAL DEVELOPMENT CENTER

Applicant Status (Mark "X"): **Current/Returning Applicant** _____ or **New Applicant** _____

ESA Accommodation Request Form

Fayetteville State University Accessibility Services (AS) works in conjunction with the Department of Housing and Residence Life (HRL) to provide accessible on-campus housing that meets students with approved disability-related needs.

Disclaimer: Having a diagnosis alone does not automatically qualify a student for accommodations. This is not a preference-based application or process based upon personal desires. The eligibility review process focuses on whether the condition results in substantial functional limitations in one or more major life activities (such as walking, breathing, eating, sleeping, caring for oneself, or other daily living activities). These limitations are considered in terms of their severity, frequency, and duration and whether the ESA is necessary to provide equal access to university housing.

Submission Deadlines: To ensure your ESA accommodation request is fully considered and implemented for the next academic year, you must meet the following appropriate deadlines and agree to satisfy all ESA process requirements:

- **Current/Returning Applicants: Submit a completed application by March 15, 2026**
- **New Applicants: Submit a completed application by May 15, 2026**
- In addition to submitting your application by the deadline, **please note the following**:
    - Complete FSU's primary housing process as outlined by the Dept. of Housing & Residence Life; *Accessibility Services Housing & ESA requests require different forms.*
    - Request received **less than eight (8) weeks from the last day of the semester** will be reviewed for the upcoming semester within the same application cycle.

Eligibility Process Check List *(prior to submitting application and required supporting documentation in AIM)*:

☐ 1. Complete Accessibility Services ESA Accommodation Request Form; *pgs. 1-9 completed by student and pgs. 10-15 completed by **a qualified provider** with a long-term treatment history and ongoing clinical relationship.*

☐ 2. Current veterinarian assessment report of animal; *certified documentation and/or letterhead to include credentials and professional or electronic signature.*

☐ 3. Certified current/up-to-date vaccinations

☐ 4. Certified spayed or neutered certificate and/or documentation

☐ 5. CLEAR CURRENT photograph of animal

☐ 6. CLEAR photograph of animal cage; ***ESA is required to be properly caged while student is not in the room.***

Student Name: _____
Bronco ID: _____

Definition: An Emotional Support Animal (ESA), also referred to as an Assistance or Comfort Animal, is an animal selected or prescribed by a healthcare or mental health professional for an individual with a disability and plays a significant role in alleviating symptoms of that disability. An ESA does not assist with activities of daily living, is not required to accompany the individual at all times and is not considered a "Service Animal" (28 CFR § 35.104).

Disclaimer: Accessibility Services (AS) will review documentation within the parameters of the Fair Housing Act (FHA). Generally, documentation from health care professionals who review emotional profiles and create template ESA letters for public housing and air carriers, or who have had no contact with the student except for limited encounters that were specifically intended to produce an ESA letter, are not considered reliable.

Part 1: Student Section (to be completed by student)

Student Date of Birth: _____ Email: _____@broncos.uncfsu.edu

Student Primary #: _____ (cell/hm) Secondary #: _____ (cell/hm)

Address: _____

City/State/Zip Code: _____

Current Academic Level: □ **Freshman** □ **Sophomore** □ **Junior** □ **Senior** □ **Graduate**

Semester(s) Requesting Accommodation: □ **Fall 2026** □ **Spring 2027** □ **Summer 2027**

Student Name: _____
Bronco ID: _____

Do you have any Medical, Psychological, Physical or Disability Related Conditions that support your request for an ESA as an accommodation? □ Yes □ No (If yes, circle all that apply)

Please describe the condition(s) for which you are requesting an ESA accommodation and provide a detailed explanation of how the condition(s) impact your ability to live in university housing without the support of an ESA:

1. **Diagnosed Condition or Functional Limitations:** Please list the licensed clinician-verified diagnosis/diagnoses relevant to your ESA accommodation request; *NOTE: Undocumented or self-diagnosed conditions are not accepted.* _____

_____

2. Impact on Housing: Describe, in detail, how this condition affects major life activities related to your housing or living environment without an ESA. Why is an ESA necessary to support equal access; reference *major life activities* listed on page #1. _____

_____

_____

_____

_____

3. Severity: How significantly does this impact your daily functioning in housing? Include symptom details related to your certified diagnosis/diagnoses/condition.

_____

_____

_____

_____

4. Frequency: How often (daily/wkly/mthly/random/etc.) do you experience these limitations/symptoms? Please explain. _____

_____

_____

_____

_____

5. Duration: Describe how long these limitations/symptoms have been present and whether they are expected to continue? What's your prognosis (temporary or permanent condition)? _____

_____

_____

Student Name: _____
Bronco ID: _____

Please describe any housing-related strategies, interventions, accommodations or coping mechanisms that have been effective for you in the past.

_____

_____

_____

_____

Alternative Measures Taken Prior to or Alongside Housing Request: Please indicate whether each applies to you in the past, currently, or both.

Support or Strategy	Past	Current	Both
Medication management	O	O	O
Individual therapy or counseling	O	O	O
Group therapy or support groups	O	O	O
Coping strategies or self-management techniques	O	O	O
Environmental or routine modifications (e.g., earplugs, air purifiers, schedule adjustments)	O	O	O
Temporary or informal housing adjustments	O	O	O
None of the above	O	O	O
Other (please describe): _____	O	O	O

Is accommodation for a temporary or permanent condition: If temporary, provide expected duration.

_____

_____

Student Name: _____
Bronco ID: _____

Disclaimer: All requests will be processed in the order they are received. Applications received after the stated deadline will be reviewed and implemented as space meeting the approved accommodation becomes available. All housing requests are evaluated on a case-by-case basis. Students will be notified by way of Bronco email account.

The date you submit your application request marks the start of the review timeline. A full documentation review **may take up to 10 business days (excluding weekends/holidays)** for the FSU SDS Review Team to review your submission, validate signatures, verify information, confirm completeness, assess functional impact, severity of need, eligibility assessments, etc. Insufficient or incomplete documentation may cause delays, which is why the Preparation Stage is so important.

- Based on your request submission date have you met the previously mentioned AS ESA Deadline for the current term requesting? □ Yes □ No

  - **Current/Returning Applicants:** Student with current housing accommodation
    - **Deadline: March 15, 2026**
  - **New Applicants:** Student without or never obtained SDS housing accommodation
    - **Deadline: May 15, 2026**

Student Certification:

□ **By checking this box and signing, I attest that the information and documentation I have submitted are true, accurate, and have not been altered, falsified, or misrepresented. I understand that it is my responsibility to meet all deadlines and submit sufficient documentation for review.**

Student Name (Print) _____ Date: _____

Student Name (Signature) _____

Student Name: _____
Bronco ID: _____

Student Consent for Release of Information

Accessibility Services staff may contact my treating provider to verify the information submitted for my request, and an exchange of information may need to take place. I give my permission for such communication as necessary with my treating provider named below.

Student Consent:

I, _____, authorize my health-care provider above to release to Student Disability Services the medical information requested on this form for the purpose of determining appropriate accommodation for my disability while a student at Fayetteville State University.

Student Name (Print) _____ Date: _____

Student Name (Signature) _____

If signed by person other than patient, state relationship and authority to do so:

_____ Expiration Date: _____

Student Name: _____
Bronco ID: _____

Emotional Support Animal (ESA) Agreement

Students who are granted a reasonable accommodation and permitted to have an ESA in their residential living space are required to adhere to the following guidelines. Please initial each statement below to indicate your agreement and understanding:

Student Initials: _____
1. The student is responsible for providing everyday care and maintenance for the ESA.

Student Initials: _____
2. The student is responsible for cleaning up after the ESA, including using proper cleaning solutions to address any urine or fecal matter, grooming the ESA, removing pet fur or other shedding daily, and picking up waste on university grounds. All waste (garbage, fecal matter, animal shedding, etc.) must be sealed in a bag and disposed of in a designated outdoor dumpster and shall not be flushed down toilets or disposed of in any indoor or surrounding campus trash receptacles.

Student Initials: _____
3. The student is responsible for ensuring that the ESA does not disturb the student's roommate or other students living in the residential living space or building, including uncontrolled noise or other disruption of another student's personal space.

Student Initials: _____
4. The student is responsible for feeding and ensuring the proper nourishment of the ESA.

Student Initials: _____
5. The student is responsible for ensuring that the ESA has all applicable vaccinations, licenses, or other requirements required by North Carolina law.

Student Initials: _____
6. The student is responsible for the safety of ESA, ensuring that it is not left alone and uncaged in the student's personal living space for long periods of time and **must ensure that the ESA is properly caged.**

Student Initials: _____
7. The student shall not abuse or otherwise mistreat the ESA, nor shall the student allow the ESA to be mistreated by others. The student shall immediately report any abuse or mistreatment inflicted upon the ESA by other students.

Student Initials: _____
8. An ESA is not a community pet and is not to be handled, cared for, or interacted with by roommates or other residents.

Student Name: _____
Bronco ID: _____

Student Initials: _____
9. The Emotional Support Animal (ESA) must not pose a direct threat to the health or safety of roommates, residents, or others within the residential environment.

Student Initials: _____
10. The ESA is approved based on a documented disability-related need and is permitted to reside in university housing only for the duration of that need. If the ESA is no longer necessary or is no longer residing on campus, the student must notify the University as soon as reasonably possible.

Student Initials: _____
11. Students who bring an ESA to campus prior to completing the full ESA approval process will be in violation of University policy. Approval from Accessibility Services (AS) does not constitute final approval. Following AS approval, the student must complete an ESA onboarding meeting with Accessibility Services and the Department of Housing & Residence Life (HRL). Additional instructions will be provided during this process, and the ESA may not be brought to campus until all steps are completed, and final ESA on campus approval date is granted.

Compliance and Removal The requesting student must comply with all rules set out in the guidelines above. Students who do not follow the rules for possessing an ESA on campus may have their permission revoked, may warrant removal of ESA from campus or Code of Conduct involvement depending on the violation. The University may require the removal of an Emotional Support Animal if:

1. The animal poses a direct threat to the health or safety of others;
2. The animal's presence results in substantial physical damage to the property of others or the University;
3. The animal substantially interferes with the reasonable enjoyment of the housing of others;
4. The animal is not being properly controlled; or
5. The student fails to comply with the responsibilities outlined in this policy.

Code of Conduct Violations of the ESA rules may also result in charges in accordance with the Code of Student Conduct.

Student Acknowledgement

Student Name (Print)	_____	Date: _____
Student Name (Signature)	_____	

Student Name: _____
Bronco ID: _____

ESA Demographics, Emergency Care and Planning

Animal Details:

1. Animal Type (dog, cat, etc.): _____
2. Animal's Name: _____
3. Animal's Size (weight): _____
4. Crate/cage size (including dimensions): _____
5. Has the animal ever injured another person or animal? _____
6. Has the animal ever caused property damage? _____

If yes to any answer above, please further explain: _____

_____

_____

In case of an emergency: Students requesting an Emotional Support Animal (ESA) as a reasonable accommodation in on-campus housing must have an emergency care plan. The student must provide Housing & Residence Life with an emergency contact able to retrieve the ESA within twelve (12) hours if the student is unable to care for it. University personnel are not responsible for providing care, food, or removal of the animal during an emergency.

The student must identify two (2) emergency caregivers who are able and willing to assume responsibility for and remove the ESA within the required timeframe and is responsible for any costs associated with the care, housing, or removal of the animal.

Emergency Caregiver Information

Emergency Caregiver #1:

Name: _____ Relationship to Student: _____
Contact #: _____ Email: _____
Address: _____
Citty/State/Zip Code: _____

Emergency Caregiver #2

Name: _____ Relationship to Student: _____
Contact #: _____ Email: _____
Address: _____
Citty/State/Zip Code: _____

Student Name: _____
Bronco ID: _____

Part 2: Certified Provider (to be completed by Provider)

Physician/Medical Provider Printed Name: _____

Provider Signature: _____ **Provider Initials** _____

Medical Specialty: _____

License # & State: _____

Name of Practice: _____

Phone #: _____ **Email:** _____

Address: _____

City, State, Zip: _____

Website (if applicable): _____

Initial Date of Treatment with Student: _____ **Total # of visits w/student:**_____

Diagnosis/Diagnoses of Medical Condition(s), Psychological Disorder or Primary Disability

List Diagnosis/Diagnoses:

_____

_____

Original date of diagnosis/diagnoses: _____

Dates of last two treatments with student as signing Provider: _____

_____

List medication and/or other treatments prescribed for the condition(s):

_____

_____

Prognosis for Diagnosis/Diagnoses:

□ Permanent/Chronic □ 6-12 Months □ 6 Months or Less □ Episodic

Please check: □ **Temporary** □ **Permanent condition:** If temporary, provide expected duration.

Severity of the condition: □ Mild □ Moderate □ Severe

Student Name: _____
Bronco ID: _____

Provider Attestation of Clinical Evaluation and Documentation

Thank you for your collaboration in supporting this student. The following statements are intended to clarify the role of documentation in the interactive process for determining reasonable housing accommodations.

Provider Initials: _____
I attest that the information I am providing is accurate and based on my professional knowledge, training, and clinical judgment.

Provider Initials: _____
I confirm that I am a licensed or otherwise qualified healthcare or mental health provider acting within the scope of my professional practice.

Provider Initials: _____
I confirm that I have a professional relationship with the student sufficient to support my clinical observations and recommendations.

Provider Initials: _____
I attest that the student has a physical or mental impairment that substantially limits one or more major life activities, as defined under applicable disability laws.

Provider Initials: _____
I confirm that I have identified functional limitations related to the student's condition that are relevant to the housing environment.

Provider Initials: _____
I attest that, in my professional judgment, the requested accommodation (including an Emotional Support Animal, if applicable) is necessary to afford the student an equal opportunity to use and enjoy university housing.

Provider Initials: _____
I understand that documentation should describe the connection between the student's functional limitations and the requested accommodation.

Provider Initials: _____
I understand that the institution will consider this documentation as part of an individualized, interactive review process in determining reasonable accommodations.

Provider Initials: _____
I acknowledge that providing false or misleading information may be inconsistent with professional or ethical standards.

Student Name: _____
Bronco ID: _____

Please describe the student's condition(s) for which an ESA is being recommended and explain, in detail, how these condition(s) impact the student's ability to function within a residential living environment without the support of the ESA:

1. **Diagnosed Condition or Functional Limitations:** Please list students' diagnosis/diagnoses/symptoms/limitation relevant to the ESA accommodation requests.

   _____
   _____

2. **Impact on Housing:** Describe, **in detail**, how this condition affects major life activities related to students' housing or living environment without an ESA. Why is an ESA necessary to support equal access and how does it mitigate functional limitation; reference major life activities listed on page #1.

   _____
   _____
   _____
   _____
   _____
   _____

3. **Severity:** How significantly does this impact students' daily functioning in housing? Include symptom details related to previously listed certified diagnosis/diagnoses/condition.

   _____
   _____
   _____
   _____
   _____
   _____

4. **Frequency:** How often (daily/wkly/mthly/random/etc.) do these limitations occur? Please explain.

   _____
   _____
   _____

5. **Duration:** Describe how long these limitations have been present & are they expected to continue?

   _____
   _____
   _____

Student Name: _____
Bronco ID: _____

6. Is the animal a necessary component of treatment in order for the student to reside on campus?
   □ **Yes** □ **No (If yes, please further explain):**

   _____

   _____

   _____

7. Describe evidence, observations, or evaluations that support the decision to prescribe the ESA for this student: _____

   _____

   _____

   _____

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

   _____

   _____

   _____

9. What services has the ESA provided student and how long has this specific animal served in the capacity of an ESA for this student? _____

   _____

   _____

   _____

10. What have you discussed with the student regarding the responsibilities of properly caring for an animal while engaged in typical college activities and residing in on-campus housing?

    _____

    _____

    _____

***Additional space to further elaborate, in reference to above questions, if needed:**

Student Name: _____
Bronco ID: _____

In the event more space is needed, additional supporting documentation is accepted. Please attach.

Student Name: _____
Bronco ID: _____

In the space provided, please address the following: If accommodation is not provided, will there be a negative health impact for the student? What other alternative accommodations could satisfy reasonable accommodations?

_____
_____
_____
_____
_____

Please check which of the following major life activities is substantially limited by the disability as it relates to on campus living/housing:

□ Seeing	□ Speaking	□ Immune System Function
□ Hearing	□ Breathing	□ Digestive Function
□ Eating	□ Thinking	□ Bowel/Bladder Function
□ Sleeping	□ Concentrating	□ Neurological Function
□ Walking	□ Communicating	□ Respiratory Function
□ Standing	□ Working	□ Circulatory Function
□ Lifting	□ Caring for Oneself	□ Endocrine Function
□ Bending	□ Performing Manual Tasks	
□ Other(s): _____		

By signing below, I agree that the information provided above is accurate to the best of my knowledge. I understand that these are accommodation recommendations, and that they do not guarantee the student above recommendations, and that accommodations will be determined by the University's office of Accessibility Services.

Provider Name (Print) _____ **Date:** _____

Provider Name (Signature) _____

Counseling and Personal Development Center

Accessibility Services

Phone: (910)-672-1222

Email: Disabilityservices@uncfsu.edu

FSU SDS Webpage: www.uncsu.edu/accessibilityservices