

Emotional Support Animal Request

Students with qualifying mental health conditions may request an exception to the University pet policy and be granted an exception to possess an emotional support animal in their residence hall, apartment, or University leased housing by completing an Emotional Support Animal Request Form, which includes documentation from an **appropriate mental health professional**.*

Please complete the following forms and submit to the Office of Student Accessibility.

1. Student-completed form: "Emotional Support Animal Request."
2. Student-completed form: "Authorization to Release Information."
3. Physician-completed form: "Documentation of Disability-Related Need for an Emotional Support Animal." (Please Print/Fax/or email separately)

*Documentation must be submitted by a licensed clinical social worker (LCSW), licensed professional counselor (LPC), Psychologist, Psychiatrist, Neurologist, or advanced practice/Psychiatric Mental Health Nurse Practitioner (PMHNP). The physician/therapist must be an impartial third party, not related by blood or marriage. If you have seen several licensed professionals, ask the one you believe will have the most accurate and current picture of your abilities and needs. **We will accept documentation from providers in the State of North Carolina (if you have been under their care for 6 months or longer) or the student's home state. Documentation must be provided by someone you have an established relationship with, who has seen you and worked with you over a period of time.**

****In addition to the physician form, the physician must include, on letterhead, the date of the most recent office visit, professional credentials, and professional signature. ****

This request must be completed at least thirty days before the start date of the semester in which you wish to bring the emotional support animal to campus. Completed requests submitted after the start of a semester or term will be considered, but final approval may be delayed until the beginning of the next semester or term. Animals are not allowed to be in the residence hall, apartment, or University leased housing without appropriate approval from **(student accessibility and student affairs)**. Animals dwelling in the residence hall, apartment or University leased housing without proper approval must be removed **immediately** until the process has been completed.

All completed documents should be submitted to:

Office of Student Accessibility
University of Mount Olive
654 Henderson Street
Mount Olive, NC 28365
studentaccessibility@umo.edu
Phone: (919) 658-7497
Fax: (919) 658-7674

Emotional Support Animal Request Form

To be completed by student.

Please print.

Name:		Student ID #:
Campus Box	Residence Hall:	Semester and/or year to which this request applies:
Home Address:		
Phone:		University Email:
D.O.B.:	Are you a new, transfer, or a returning student? (Circle one).	

Please explain your need for an emotional support animal, based upon your documented mental health disability.

Please describe the animal you intend to bring to campus, if approved.*

To be signed by the student if age 18 or over. To be signed by parent or guardian only if student is under age 18).

Signature _____ **Date** _____

*Please note: Student Affairs gives the final approval for ESA (emotional support animals) to be housed in university housing.

The University of Mount Olive Student Accessibility Authorization for Release of Information

In an effort to coordinate academic and non-academic support for students, it may be helpful for Student Accessibility to consult with others on- and off-campus. Student Accessibility respects the confidential nature of disability information, whether conveyed verbally or in writing.

Students can authorize Student Accessibility to release and discuss pertinent information about disability needs and academic progress when there is a legitimate educational interest to do so. This could relate to housing arrangements, academic accommodations, instructional strategies and resources, and/or other circumstances specific to the individual.

I, _____ authorize Student Accessibility
(Please print name)

to discuss issues pertaining to me and my progress at UMO with the individuals or groups below:

- UMO Faculty teaching courses in which I am enrolled. Schedule of courses with faculty must be received by Student Accessibility.
- UMO Student Affairs Staff (Counseling, Health Services, Residence Life, Student Activities, etc.)
- UMO Administrators and/or Deans (i.e. VP for Academic Affairs, etc.)
*NOTE: Some circumstances may require OSA (office of Student Accessibility) to have discussions with one of the departments above without your permission. (Personal information/diagnosis will not be released.)
- UMO Academic Advisor(s) Name(s) _____
- Coach (s)-Name _____
- Healthcare Provider(s) (i.e. physician, psychologist, etc.) _____
- Parents(s) or Guardian(s) Name _____
*NOTE: The office of Student Accessibility will not contact your parent(s) regardless of your consent. However, should your parent(s) contact us; we will be able to talk with them.
- Other (name and title): _____

Notes/Exceptions:

I understand that this authorization will expire upon my graduation from The University of Mount Olive, unless earlier revoked by me in writing.

Student Signature

Date

Manager, Student Accessibility

Date

Documentation of Disability-Related Need - Emotional Support Animal in University Housing

To be completed by student. (Please print the rest of the pages)

Name of Diagnosing Professional:	
Title of Diagnosing Professional:	
Address:	
Phone:	Fax:

To be completed by student.

Student's Full Name:	
Home Address:	
Phone:	Fax:
Email:	Student ID #:
DOB:	Freshman, Transfer, or Returning student? (circle one)

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18).

Signature: _____ Date: _____