



**Emotional Support Animal Verification Form**  
*(to be completed by licensed medical professional only)*

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Program Title \_\_\_\_\_

Dear Healthcare Professional,

The student named above has requested that an emotional support animal (ESA) be permitted to reside with them in AMDA housing. In order to provide this accommodation, the Accessibility Services Office requires that the student present a letter identifying the animal and describing the supports it provides in a residential setting.

**To Be Completed By Healthcare Professional Only**

Please give the ESA’s name, type, breed description, age, and weight.

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Please indicate how the ESA serves as an accommodation for the student’s disability and give a detailed description of the support(s) the ESA will provide to this student (please attach additional pages as needed).

Please describe how the need for the ESA relates to the student’s ability to use on-campus housing (please attach additional pages as needed).

Signature of certifying professional: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of certifying professional: \_\_\_\_\_

Professional Title: \_\_\_\_\_ License #: \_\_\_\_\_