



# GLENNVILLE STATE COLLEGE

## Request for Emotional Support Animal Housing Accommodation

**TO BE COMPLETED BY THE STUDENT:**

**Student Information:**

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

GSC ID: \_\_\_\_\_ Class Year: \_\_\_\_\_

E-Mail: \_\_\_\_\_@gsc.glennville.edu Cell Phone: \_\_\_\_\_

Housing Assignment (Residence Hall/Room Number): \_\_\_\_\_

Roommates: \_\_\_\_\_  
\_\_\_\_\_

**Disability Information:**

State the condition/diagnosis requiring the ESA:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

What medications and/or treatments are you currently using to manage this condition?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What factor(s) improve and/or exacerbate this condition?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How frequently are you affected by this condition?

Daily     Weekly     Monthly     Seasonally

If you are a returning student with a NEW request, what has changed that requires consideration?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# Request for Emotional Support Animal Housing Accommodation

**Animal Information:**

Type/Breed: \_\_\_\_\_ Age: \_\_\_\_\_

Name of Animal: \_\_\_\_\_ Gender: \_\_\_\_\_

Weight: \_\_\_\_\_ Height/Length: \_\_\_\_\_

Is the ESA housebroken?  Yes  No \*Please provide photograph of the animal.

Please describe the type of living environment this animal needs (i.e. conditions regarding size of space, temperature needs, interaction/exercise needs, etc.):

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Please describe how you plan to meet the care needs of this animal in the residence environment given your academic and extracurricular schedule. *Please remember the owner is solely responsible for the upkeep, including, feedings, watering, grooming, etc. of the emotional support animal. The College will not permit other individuals to access the owner's residential space for the purpose of animal care.*

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Please provide contact information for an emergency contact who will take responsibility for your ESA and remove it from campus if you become unable to care for it in an emergency situation. The emergency contact **MUST** reside OFF CAMPUS and be available to remove the ESA in a timely manner appropriate to the species.

\_\_\_\_\_  
Emergency Contact Name Primary Phone # Secondary Phone #

**Notice of Required Vaccinations**

All current state and local animal licenses and vaccinations, where applicable, are required for your ESA. The animal must be immunized against disease(s) common to that type of animal. **West Virginia Code §19-20A-2** requires that dogs and cats must be vaccinated for rabies at six months of age. Please submit proof of rabies vaccination, if applicable. A copy of licensing/vaccination documentation for the animal will be kept on file and must be kept current. Please attach a copy of all appropriate documentation to this form and return to the Office of Accommodations and Accessibilities.



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The above request will be reviewed by the Accommodations and Accessibilities Counselor, who has my permission to release pertinent information concerning the above request to Residence Life.

I have read the entire Emotional Support Animal guidelines and understand that I am bound by these at all times. I agree to provide the additional information listed above that may be required to complete my request to have an emotional support animal in campus housing, along with the Request for Emotional Support Animal Medical Documentation Form. I give permission to the Accommodation and Accessibilities Counselor to confirm all my information as reported with this application. I understand that requests and/or appeals for an Emotional Support Animal do not guarantee approval.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if applicant is under the age of 18)

\_\_\_\_\_  
Date

<b>Official Use Only:</b>	
Date Received: _____	Approved: _____ Yes _____ No
Semester Term: _____	Housing Assignment: _____
Notes:	
_____	_____
<b>Office of Accommodations and Accessibility Services Signature</b>	<b>Date</b>