



**Pioneer Support
Accommodation Services**
3rd Floor, RFK Library
Phone: (304) 462-4118
Fax: (304) 462-6032

Emotional Support Animal Request Form

Please note: General notes or statements without a specific diagnosis and list of recommended accommodations OR specified impediment(s) to major life activities will not be accepted.

Student Contact Information

Name: _____ Academic Year: _____
First MI Last

GSU ID: _____ Cell Phone: _____

Local Address: _____
Residence Hall Room Number State Zip

E-mail: _____@gsu.glenville.edu Cell Phone: _____

Please list any and all roommates and suitemates and what rooms in which they reside.

Documentation:

Checklist of Necessary Documents: ☐ Shot Record ☐ Animal Photo ☐ Contract ☐ Taxes (*Dogs Only*)

-- Please do not turn in this document until you have gathered all of the above. --

Animal Information:

Type/Breed: _____ Age: _____

Name of Animal: _____ Gender: _____

Weight: _____ Height/Length: _____

Is the ESA housebroken? ☐ Yes ☐ No ☐ Other: _____

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

Please return completed forms to:
Pioneer.Support@glenville.edu
-OR-
Fax: (304) 462-6032



**Pioneer Support
Accommodation Services**
3rd Floor, RFK Library
Phone: (304) 462-4118
Fax: (304) 462-6032

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.*

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 Accommodation Services.

The above request will be reviewed by the Accommodation Services, who has my permission to release pertinent information concerning the above request to Residence Life.

By signing below, I acknowledge that I have read the entire Emotional Support Animal guidelines in this document and provided on ESA Housing Agreement and understand that I am bound by these at all times. I agree to provide the additional information listed above and any other requested documentation that may be required to complete my request to have an emotional support animal in campus housing, along with the Accommodations Request form. I give permission to the Accommodation Services 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. I understand that this information will be treated as confidential and used only for the purpose of my eligibility, and the administration of accommodative services. I understand that this confidential information may be shared as necessary to any other appropriate campus unit, but is private and protected by the Family Educational Rights and Privacy Act (FERPA).

Student Signature: _____ Date: _____

☐ APPROVED ☐ NOT APPROVED | By: _____ Date: _____

Please return completed forms to:
Pioneer.Support@glenville.edu
-OR-
Fax: (304) 462-6032