AURORA UNIVERSITY

AU ID#: _____

Student Emotional Support Animal (ESA) Eligibility Verification

This form is used to evaluate a request for an ESA as a reasonable accommodation on campus or in campus housing. The form must be completed by a non-relative treating healthcare professional.

Student Name: _____ DOB: _____

1. Does the student have a disability-related need for an ESA?
   ☐ Yes ☐ No
2. The use of an ESA will directly assist the student in managing or alleviating the identified symptoms or effects of their disability.
   ☐ Yes ☐ No
3. What symptoms will be reduced by having an ESA?
   _____
   _____
   _____
   _____
4. How important is it for the student's wellbeing that the ESA accompany the student in locations the student has requested? Please address (1) residence halls, (2) classrooms, and/or (3) other areas on campus as applicable based on the student's specific request.
   _____
   _____
   _____
   _____
5. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
   _____
   _____
   _____
   _____

Provider Information

Name: _____ Title: _____

Area of Specialization: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ Fax or Email: _____

Please send completed form to:

Aurora University, Disability Resources Office
347 S. Gladstone Avenue, Aurora, IL 60506
Fax: (630) 844-5782
Email: disabilityresources@aurora.edu

Date received by DRO: _____