



EMOTIONAL SUPPORT ANIMAL (ESA) DOCUMENTATION REQUEST FORM

Purpose of this Form

The University of North Dakota provides reasonable accommodations to students with disabilities who have a verifiable need for reasonable accommodation(s). A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy university housing. The enclosed Reasonable Accommodation Request Form authorizes you to provide the information requested on this form. You are welcome to use this form or submit a letter on your official letterhead with the information requested on this form.

Documentation from the Internet

Some websites sell certificates, registrations, and licensing documents for support animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that are not obvious or otherwise known. In HUD's experience, such documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal.

Further, the State of North Dakota has placed limitations on telehealth services; diagnosis or treatment recommendations that are made solely based on an online questionnaire or telephone conference and these may not be accepted as documentation in support of an ESA request.

Fair Housing Act

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population.



Patient/Student Name: _____

Date of Birth: _____

Does the patient have a disability as defined above by the Fair Housing Act?

Yes ___ **No** ___

Please list the date you initially saw this patient: _____

Please list the date you saw this patient most recently: _____

Please explain why an ESA accommodation may be reasonable for this person as compared to a person without a disability.

Are there other barriers caused by a disability that may impact access in a housing environment? Please describe any additional barriers.

Please identify the specific animal you are prescribing as an ESA.

Provider/Professional Name: _____

Clinic/Practice: _____

Address: _____

Phone: _____

Signature: _____ **Date:** _____



How to Submit

Once this form has been completed it should be submitted to UND Student Disability Resources. The student may upload documentation through the application portal. The student or medical professional/provider may send via email, fax, or mail. Contact information is provided below.

Student Disability Resources

University of North Dakota
221 Centennial Dr Stop 8006
Grand Forks, ND 58202-8006

Phone: 701.777.2100

Fax: 701.777.2100

Email: UND.sdr@UND.edu