

PART A: COMPLETED BY THE STUDENT

A student with a documented Mental Health disability may request an Emotional Support Animal to reside in their residence hall room. **An Emotional Support Animal is part of a treatment plan prescribed by a treating, qualified clinician.**

Requests must include the following:

1. Page 2 of this document, explaining how the experience of living in a residence hall without the requested accommodation of your ESA living with you in your room would negatively impact your experience.
2. Your treating physician, diagnostician or a qualified clinician, that is treating you for the disability must document the reason that you detailed in your letter of request by completing the SUNY New Paltz Disability-Based Accessible Housing Emotional Support Animal Application Part B (completed by the provider). A qualified clinician is defined as (including, but not limited to) a psychologist, psychiatrist, social worker, etc., who has provided treatment for the disability. The Clinician completing Part B must have an established Doctor/Patient relationship to the extent that they can reasonably attest to the need for the requested accommodation.
3. By providing the Disability-Based Accessible Housing Verification Form to a qualified diagnostician/clinician(s), the student is granting permission for a member of the Housing Committee at SUNY New Paltz to contact and consult with that professional regarding the student's need for the accommodation.
4. It should be noted that requests are for an individual, not for a group of students.

Please Note: Students will need to submit updated supporting documentation each academic year, as necessary.

I have read and understand the required procedures as outlined in items 1–5 above. Please type in all the fields and sign below with a digital signature. If you do not know your ID number or campus address, type "DK."

This request is being made for: Fall Spring Year: 20_____

I am currently a: Freshman Sophomore Junior Senior Transfer Student

Please ENTER ALL INFORMATION:

First Name Last MI

N									
---	--	--	--	--	--	--	--	--	--

Student ID

On-Campus Address:

Street Apt. No. New Paltz E-mail

City State Zip Code ()
Cellphone Number

Student's Signature Date

Student Letter of Request/Need for Emotional Support Animal

My disability(ies) is/are:

and it/they impact(s) my ability to live in a traditional residence hall room assignment in the following ways (you may type as much as necessary).

The type of ESA that I am requesting is:

If you currently or have previously lived in a residence hall, please describe the challenges and barriers you faced:

I understand that assignments are made only if space is available and that my request will be placed on a wait list if no space is available.

Student's Signature

Date

You will be notified via email (New Paltz email address) of the Housing Committee's decision. Please note that if your application for an ESA is approved, you will be provided forms to complete before you are cleared to bring your animal to campus.

Please email this completed application to: DRC-housing@newpaltz.edu