

Emotional Support Animal Request Personal Statement

As a part of the process of applying for an Emotional Support Animal (ESA) approval, Washington State University's Department of Housing and Residence Life (HRL), in collaboration with the Access Center, requires the applicant to address in a Personal Statement the following:

1. The ways in which their medical condition impacts their functioning, especially as it relates to living in university housing;
2. How an animal will lessen the impacts of their medical condition in their daily life;
3. A brief description of the animal, including type, breed, gender, approximate weight, color (s)/marking(s), and its name.

Section 1—Basic Information—Please print legibly

Name (First & Last)	<input type="text"/>		
WSU ID # (include zeros)	<input type="text"/>	Birthdate (MM/DD/YYYY)	<input type="text"/>
Phone #	<input type="text"/>	WSU Email Address	<input type="text"/>
Current Residence Hall/ Apartment Complex & Room #	<input type="text"/>		

Section 2—To be completed by the student or a proxy ONLY

Please describe how your medical condition impacts your daily functioning, especially as it relates to living in the residence halls/apartments.

***Note: You are not required to disclose your specific diagnosis.**

Please continue to the next page.

Please describe how having an ESA would reduce the impact(s) of your medical condition, especially as it relates to living in the residence halls/apartments. Please also address how you would manage your condition if you did not have an ESA live with you in university housing.

Please provide a brief description of your animal, including the descriptors listed below. If you have not yet acquired your animal, please provide us with as much of the requested information as possible based on your plans.

- Type (ex: dog, cat, ferret, etc.)
- Breed
- Gender
- Approximate size/weight
- Any identifiable colors, markings, etc.
- Name

By signing below, you certify that all information provided in this form is true and complete to the best of your knowledge.

Printed Name

Signature

Date

This is the end of the form.

**TO BE COMPLETED
BY ACCESS CENTER
STAFF ONLY**

**Recommendation to
HRL:**

- Recommend
- Do Not Recommend
- Other Recommendations: