



**Verification for Student Requesting Emotional Support Animal**  
*Must be completed by treating healthcare professional*

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Aurora University Student ID# \_\_\_\_\_ Species of Animal \_\_\_\_\_

1. Does the student have a disability-related need for an Emotional Support animal?  
 Yes  
 No
2. The use of an emotional support animal will directly assist the student in managing or alleviating the identified symptoms or effects of his/ her disability.  
 Yes  
 No
3. What symptoms will be reduced by having an ESA?

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4. In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?

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5. What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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**Provider Information** (Must be completed by the same provider that completed the disability verification form)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Professional's area of specialization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Please send completed form to:** Aurora University, Disability Resources Office  
347 S. Gladstone Avenue, Aurora, IL 60506  
Fax (630) 844-3688 Email to: [disabilityresources@aurora.edu](mailto:disabilityresources@aurora.edu)

Date received by DRO: \_\_\_\_\_