

Bates College

Application for an Emotional Support Animal

Student Information

Name: _____ Date: _____

Semester the request is for (semester/year): _____

Current address on campus (building and room): _____

Bates email: _____ Cell phone: _____

Academic year (circle one): 1 2 3 4

Type of animal being requested: _____

Guidelines for Recommendation Letter from Provider

To help facilitate a dialogue concerning your request, please provide a typed letter on letterhead from a mental health or other qualified healthcare professional addressing the following:

- Name and professional qualifications of the individual making the recommendation and length of time under their care.
- Verification of disability/disabilities and description of how it/they interfere(s) with any major life activity that would be encountered in the residential environment.
- Describes the need for an Emotional Support Animal.
- Demonstrates the relationship between your disability, resulting limitations, and the need for the Emotional Support Animal.
- Possible alternative accommodations if meeting the primary recommendation is not possible.

Please confirm that you have read and agree to abide by the Bates College Policy and Procedure for Emotional Support Animals by signing below. Please contact the Office of Accessible Education and Support should you have any questions at accessibility@bates.edu or 207-786-6222.

Signature

Date