

**Disability Support Services**  
1 Aerospace Blvd.  
Daytona Beach, FL 32114  
Phone: (386) 226-7916 -- Fax: (386) 226-6071

## **Documentation Guidelines**

The following guidelines are provided in the interest of assuring that professionals' statement is appropriate to document eligibility for support services. The student with a disability must provide the Residential Life office written documentation from a licensed professional in the field concerning the specific diagnosis and the need for such request.

- This documentation must be completed and signed by the medical professional who has prescribed the accommodation.

1. The request must be made in advance to the Residential Life office, to allow for a thorough review. The request should be made at the point that the housing deposit is submitted (for incoming students), or prior to the first week of class (for continuing students).

2. **This form must be completed by a licensed medical professional** (i.e. Mental Health professional, Psychologist, Psychiatrist, or Physician/Doctor.) who has provided treatment for the disability.

### **To be filled out by the student:**

I, \_\_\_\_\_ PRINT \_\_\_\_\_, hereby authorize the following information as well as any other pertinent documentation to be forwarded to the office of Disability Support Services at Embry-Riddle Aeronautical University for the purpose of determining my eligibility for accommodations.

Student's Signature:	Date:
Student JU ID Number:	

**Application for a Medically Required Emotional Support Animal**

This documentation must be completed and signed by the medical professional who has prescribed the accommodation.

1. This request **must** be made in advance (preferably two weeks prior to the beginning of the term) to the Disability Support Services office, to allow for a thorough review. Please be aware that due to the nature of the request, we will need 3-5 business days to review and process the request.

**This form MUST be completed by a licensed medical professional** (i.e. Mental Health professional, Psychologist, Psychiatrist, or Physician/Doctor.) who has provided treatment for the disability.

**A. Evidence of the disability and the diagnosis related to the need of service or assistance animal**

1. Diagnosis:

2. Date at which the diagnosis was first made:

3. Dates of treatment:

4. Symptoms for which treatment was needed:

**B. Evidence of the connection between the diagnosis/symptoms and the need for a Comfort/Emotional support animal. What service/function does the animal provide to the student?**

Professional Signature:	Date:
Print Name, Title, Degree:	
Professional License Number:	
Contact Information:	

Thank you for your prompt response to this request.

**Please return this information to:**

**Disability Support Services**

Building 500

1 Aerospace Blvd.

Daytona Beach, FL 32114

**Email:** DBDSS@erau.edu

**Phone:** (386) 266-7916 ---**Fax:** (386) 226-6071