



JACKSONVILLE UNIVERSITY
2800 University Blvd. N.
Jacksonville, FL 32211
Phone: (904) 256-7538 E Email: housing@ju.edu

Documentation Guidelines

The following guidelines are provided in the interest of assuring that 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.

The request must be made in advance to the Residential Life office, to allow for a thorough review. The request should be made prior to any support animal is present on campus.

After this documentation is filled out by a licensed medical professional, it should be provided to the JU Student. The student should submit the documentation and any other required information directly to Residential Life through the Emotional Support Form on the Residential Life webpage. Any questions by the provider or student can be directed to housing@ju.edu.

Signature: _____	Date: _____
Student JU ID Number: _____	

Application for Requesting an Emotional Support Animal

Important: To avoid room for misinterpretation of the following documentation, we request for it to be typed and not handwritten.

1. Diagnosis:

2. Date at which the diagnosis was first made:

3. Dates of treatment:

4. Symptoms for which treatment was needed:

5. Evidence of the connection between the diagnosis/symptoms and the need for a service or emotional support animal:



Emotional Support Animal Roommate(s) Agreement

This document must be signed by all residents in the assigned living space. If all parties do not agree with the presence of the ESA, Housing will work to relocate the ESA and their owner.

Select Building of assigned living space: Botts Williams Oak North Village Room # _____

I _____ agree to the presence of an Emotional Support Animal in my residential facility. I understand that care of the animal is the responsibility of the owner.

Rcca a UHYD S][bUhi FY _____ Date: TCM /Span MID 5/58>3dET063.99 590.4d4

Emotional Support Animal Emergency Contact Form

In the event of an Emergency in which I, the owner, am unable to care for my approved Emotional Support Animal, the contact person(s) below will be responsible for the care of my Emotional Support Animal.

Local Emergency Contact			
Name:		Relationship to owner:	
Phone:		Email:	
Address:			

Secondary Emergency Contact			
Name:		Relationship to owner:	
Phone:		Email:	
Address:			

Our Staff will reach out to the individuals listed to verify their contact information. If the