



**HAMPDEN-
SYDNEY
COLLEGE**

Emotional Support Animal Appeal Form

(Return to Melissa Wood, Title IX and 504 Coordinator, Student Health Center)

(Name and Student ID)

(Phone #)

(Date)

(Home Address, Including City, State, and Zip Code)

(Campus Box #)

(E-mail Addresses – campus and personal)

Reason for Requesting Appeal: (Please be as specific as possible. Attach additional sheet as needed)

Remedy Sought:

For Committee Use Only

Review Date: _____

- Action Taken: Request Approved
 Approved with Modifications
 Denied
 Additional Information Needed By _____

Basis for Decision/Comments: _____

(Committee Chair Signature)

(Date)

(For questions or concerns regarding this form, contact Melissa Wood at 434-223-6061.)