



**Tuskegee University
Office of Access & Ability Services
Emotional Support Animal Counseling Agreement**

I, _____, understand that in order to be approved for an Emotional Support Animal (ESA) at Tuskegee University, I am required to attend a counseling session at the University's Counseling Center every month.

I understand that the purpose of these counseling sessions is to ensure that I am receiving the necessary support and resources to properly care for my ESA and to address any emotional or mental health concerns that may arise.

I agree to attend these monthly counseling sessions and understand that failure to do so may result in the revocation of my ESA approval.

Student Signature: _____ Date: _____

Office of Access and Ability Services Representative: _____ Date: _____

Please return this signed agreement to the Office of Access & Ability Services. Thank you for your cooperation.