

REQUEST FOR INFORMATION: ESA

Student's Name: _____

Re: Proposed ESA:

Name: _____

Type of animal: _____

Age of animal: _____

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability.

So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

What is the nature of the student's mental health impairment (that is, how is the student substantially limited)?

Does the student require ongoing treatment?

When did you first meet with the student regarding this mental health diagnosis?

What symptoms will be reduced by having an ESA?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

Professional Signature: _____

License #: _____

Date: _____

STUDENT (please sign this form before providing it to your mental health provider to complete):
By signing below, I consent to allowing my mental health provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form.

Signature

Date