

Emotional Support Animal Request Form

Student Information:

First Name: _____ Last Name: _____

Student ID Number: _____ Contact Phone: _____

Date of Birth: _____

In order to determine reasonable accommodations for residence life, documentation from a licensed clinical professional or health care provider by a licensed clinical professional familiar with the history and functional conditions. The provider completing this form cannot be a relative of the student. If the documentation provided is not adequate, please attach a separate sheet of paper. The provider providing additional related information. Name, signature, title, and contact information should be provided at the end of this form. Please answer the questions as they apply to the student.

Provider Information:

Name: _____

Title: _____

Phone Number: _____ License or Certification Number: _____

Please provide the answer to the following:

Federal laws define a person with a disability as, "any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment."

1. Does the student listed above have a physical or mental impairment that substantially limits one or more major life activities including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, ~~hearing~~, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working? _____ Yes _____ No
2. How long have you been working with the student regarding this disability? _____
3. Are you prescribing/recommending/authorizing the assistance animal to ameliorate the effects of a diagnosed condition? _____ Yes _____ No

