

# 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

