



ACCESS RESOURCES

Supporting Documentation for Emotional Support Animal Request

Dear Provider (Physician, Psychiatrist, Psychologist, Social Worker, Mental Health Worker):

Your patient is a student at Colby-Sawyer College and has indicated that having an Emotional Support Animal (ESA) will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. To consider this student's request for an accommodation, Colby-Sawyer College requires documentation from the treating and licensed clinical professional or health care provider thoroughly familiar with this student's condition and his/her functional limitations and/or restrictions. The information you provide will be used to evaluate the request. **The proposed emotional support animal must be a medical necessity or specifically prescribed as part of a treatment plan for this student in order to qualify. If so, Please initial here: _____ and complete the following information.**

All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). ***A signed consent for the release of information should be completed by the student prior to the release of this form.***

Thank you for your assistance.

Petra Schaefer, Med, CAGS

Director of Access Resources for students requesting ADA accommodations

Please return the completed form to:

Access Resources

Colby-Sawyer College

541 Main Street

New London, NH 03257 or

Email: accessresources@colby-sawyer.edu or

Fax: 603.526.3115

Name of Student:

Information about the Student's Disability

What is the nature of the student's mental health impairment?

Date of diagnosis:

Describe how this condition substantially limits a major life activity.

Does the student require ongoing treatment?

Date of last visit for this condition:

How long have you been working with the student regarding this mental health diagnosis?

Information about the Proposed ESA

What symptoms will be reduced by having the Emotional Support Animal (ESA)?

Anticipated duration of need for ESA accommodation:

Is there evidence that an ESA has helped this student in the past or currently?

Importance of ESA to Student's Well-being

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?

Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder.

If you are related to this student, what is your relationship? _____

Provider's Signature: _____

Provider's Name (Please print): _____

Date:

Address:

License/Cert.: _____ **State:** _____

Specialty: _____

Phone: _____ **Fax:** _____

Please affix a business card or apply a business stamp here:

