



# 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.

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. Please return the completed form to:

Access Resources  
Colby-Sawyer College  
541 Main Street  
New London, NH 03257 or  
Email: [accessresources@colby-sawyer.edu](mailto:accessresources@colby-sawyer.edu) or  
Fax: 603.526.3115

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**Completed by Licensed Provider:**

1. Name of Student:
2. The proposed emotional support animal is a medical necessity or specifically prescribed as part of a treatment plan. If so, provider please sign here:  
  
\_\_\_\_\_ (required for student to qualify)
3. What is the nature of the student's mental health impairment?
4. Date of diagnosis:
5. Describe how this condition substantially limits a major life activity.
6. Does the student require ongoing treatment?
7. Date of last visit for this condition
8. How long have you been working with the student regarding this mental health diagnosis?

**Information about the Proposed ESA**

9. What symptoms will be reduced by having the Emotional Support Animal (ESA)?
  
  
  
  
  
  
  
  
  
  
10. Is there evidence that an ESA has helped this student in the past or currently?

**Importance of ESA to Student's Well-being**

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

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

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

14. 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 Name (Please print):** \_\_\_\_\_

**Date:**

**Address:**

**License/Cert.:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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

