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 (CSC) 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.

Colby-Sawyer College recognizes under the Fair Housing Act (FHA) the importance of emotional support animals which provide emotional support for individuals with disabilities. CSC is committed to allowing an Emotional Support Animal necessary to provide individuals with disabilities and equal opportunity to use and enjoy College housing.

A person qualifies for reasonable accommodation if: (1) The person has a documented disability and has provided the required documents to the College; (2) The animal is necessary for the person with a disability and equal opportunity to use and enjoy the College's housing; and (3) There is an identifiable relationship between the disability and the assistance the animal provides.

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. Please provide **detailed** information to help 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 or
Fax: 603.526.3115

Part I: Student and Proposed Emotional Support Animal* Information
Completed by Student or Licensed Provider

Name of Student: _____

Academic year of request: _____

ESA Name:	**ESA Gender:**
ESA Species/Breed:	**Age of ESA:**
Is the ESA spayed/neutered?	**How long has student had this ESA?**

*Note: This form is for this specific ESA only, a new form and approval is required if the ESA changes.

Part II: Information about Student's Disability
Parts II-V must be completed by Licensed Provider

1. Please describe the nature of the student's mental health impairment. Please include a DSM-IV diagnosis.

_____

_____

_____

_____

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_____

2. **How** is the student substantially limited by this disability such that an emotional support animal would be necessary for this student to have full benefit or enjoyment of housing on a college campus?

_____

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_____

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

_____

_____

4. Date of last visit for this condition:

_____

_____

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

_____

_____

6. Does the student require ongoing treatment? If so, please **describe**.

Part III: Information about the Proposed Emotional Support Animal

7. Please describe **specific symptoms** which will be reduced by having this emotional support animal.

8. Is there evidence that an emotional support animal has helped this student in the past or currently? If YES, please describe. If NO, please explain how an emotional support animal will help this student.

Part IV: Importance of Emotional Support Animal to Student's Well-being

9. In your professional opinion, **why** is it important for the student's well-being that the emotional support animal be in residence on campus?

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

11. Have you reviewed CSC's "Service Animal and Emotional Support Animal on Campus Policy" with the student and 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?

Part V: Qualified and Credentialed Health Care Provider's Information

Provider's Name (Please print):_____

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

Today's Date:_____

Address: _____

License/Cert.:_____State:_____

Specialty:_____

Phone:_____Fax:_____

I confirm that the proposed emotional support animal is a **medical necessity** or **specifically prescribed** as part of a comprehensive treatment plan.

Professional Signature: _____

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

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.

November 2019 revision	Initiated with reference Illinois Wesleyan Emotional Support Animal Verification 6/2019