



AccessAbility Services  
Request for Information: Emotional Support Animal

*\*Alternate formats are available upon request.\**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

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**TO BE COMPLETED BY DIAGNOSTICIAN OR TREATING PROFESSIONAL**

The above-named student has applied to have an Emotional Support Animal on campus and we have some further questions to help us evaluate this request and determine if it meets requirements under the Americans with Disabilities Act and Fair Housing Act. The student has identified that you are the (physician, psychiatrist, physician’s assistant, nurse practitioner, social worker, mental health worker) who has prescribed an Emotional Support Animal (ESA) as part of the students treatment in alleviating one or more of the identified symptoms or effects of the student’s disability. In order to better evaluate the request for this accommodation, please answer the following:

Practitioner Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

License or Certification #: \_\_\_\_\_ State: \_\_\_\_\_

Specialty/qualification to make diagnosis: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of last appointment: \_\_\_\_\_

**Disability Overview:** To be eligible for services your client must have a disability as defined by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 and Amendment of 2009. These laws define a person with a disability as one who (1) has a physical or mental impairment which substantially limits one or more major life activities, (2) has a record of such an impairment, or (3) is regarded as having such an impairment. “Major life activities” are functions such as walking, seeing, hearing, speaking, breathing, learning, caring for one’s self, performing manual tasks, and functions including, but not limited to, the immune system, bladder, bowel, respiratory, circulatory and endocrine systems. **In addition, the animal is necessary as prescribed by you to give the student with a disability an equal opportunity to use the residence hall; and there is an identifiable relationship between the disability and the assistance provided.**

**Specific diagnosis/disability (DSM- 5 or statement of diagnosis per the ICD-10):**

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**Description of current impact and symptoms associated with the condition as it relates to Residential Living (include nature, frequency, and severity of each symptom):**

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**Severity of Condition (Mild, Moderate, Severe):**\_\_\_\_\_

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**What is the nature of the student’s mental health impairment (that is, how is the student substantially limited)?**\_\_\_\_\_

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**Does the student require ongoing treatment?**\_\_\_\_\_

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**Is the animal one that you specifically recommended to assist the student?**

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**What symptoms will be reduced by having the ESA?**

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**Is there evidence that the recommended ESA has helped the student in the past or currently?**

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**In your professional opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, if any, in terms of disability symptomology may result if the ESA is not approved?** \_\_\_\_\_

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**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?** \_\_\_\_\_

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\_\_\_\_\_  
Signature of Specialist

\_\_\_\_\_  
Date

**Please attach a copy of your business card or business stamp and any supporting documentation: e.g., psycho-educational evaluations for learning disabilities, psychiatric evaluations, audiology reports, vision reports, neuro-psychological evaluations, etc.**

**Return the completed form and supplemental documentation to:**

AccessAbility Services  
Western Connecticut State University  
White Hall, Suite 005  
181 White Street  
Danbury, CT 06810

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