

REQUEST FOR INFORMATION: Emotional Support Animal

(The health care provider need not use this specific form, but all information requested here is necessary in order for the institution to consider the request for an ESA; the form is provided as a convenience.)

Student's Name: _____ Date: _____

(Please sign this consent statement before providing it to your mental health provider to complete.)

By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with the Student Success Services Coordinator for the next 60 days from the date noted.

Student Signature

Date

The above-named student has indicated that you are the healthcare provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have a therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we prefer documentation from providers in the state of Ohio or the student's home state **who have personal knowledge of the student, consistent with their professional obligations.** Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

Part I: Information About the Student's Disability

*Federal law defines a person with a disability as someone who has "a physical or mental impairment that **substantially limits** one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (**substantial limitation**).*

So that we may better evaluate the request for this accommodation, please answer the following questions:

1. What is the nature of the student's mental health impairment (that is, how is the student **substantially limited**?)

2. Does the student require ongoing treatment? **Yes** **or** **No**

3. On what date did you **first and most recently** meet with the student regarding this mental health diagnosis? First meeting date: _____ Most recent meeting date: _____

Part III: Importance of ESA to Student's Well-Being

1. 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?

2. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in College housing. Has the student shared those restrictions with you?

Yes or No

3. Have you discussed the financial and time-related 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?

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community. Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Providers should return completed, signed and dated questionnaire directly to:

Student Success Services Coordinator, Antioch College

1 Morgan Place, Yellow Springs, OH 45387

Fax: (937) 319 - 0189

studentsupport@antiochcollege.edu

Part IV: Healthcare Provider Information

Printed name: _____

Address: _____

Telephone: (_____) _____ Fax number: (_____) _____

Email address: _____

Professional Signature: _____

Type of License: _____ License #: _____ Date: _____