LINDENWOOD

REAL EXPERIENCE. REAL SUCCESS.

REQUEST FOR INFORMATION Re: Emotional Support Animal

Student Information

Student Name: _____ Student ID (if applicable): _____

Section V: Student Authorization

By signing below, I authorize my health care provider to release information relevant to my request for an Emotional Support Animal in University housing to the University's Accessibility Office. This authorization is valid for 60 days from the date signed below.

Student Signature: _____ Date: _____

Proposed animal (if identified):

Type of Animal: _____ Name:_____

Is your ESA currently up to date on required vaccinations and local health requirements?

Yes or No

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

Important Notice to Health Care Provider

The above-named student has requested permission to keep an Emotional Support Animal (ESA) in University-owned housing as an accommodation under applicable disability laws. The student has identified you as a treating health care professional who has made a professional determination that having an ESA in the residence hall will have the therapeutic benefit of alleviating one or more of the identified functional limitations of the student's mental health disability.

The University evaluates ESA requests on an individualized basis in accordance with applicable law. Documentation is most helpful when provided by a licensed professional who is acting within the scope of their licensure(s), has an established therapeutic relationship with the student, and has personal knowledge of the student's functional limitations. Documentation generated solely for the purpose of obtaining housing accommodations, without established therapeutic relationship or clinical evaluation, may be insufficient. This includes but is not limited to letters purchased from the internet for a set price.

To assist us in reviewing this request, please complete the sections below. You may attach additional pages if necessary.

Section I. Information Regarding the Student's Disability

Federal law defines a disability as a physical or mental impairment that **substantially limits** one or more major life activities. A diagnosis alone is not sufficient to establish a disability for housing accommodation purposes.

1. Identify the major life activity(ies) substantially limited: _____

   _____

2. Describe the student's current functional limitations as they relate to living in campus housing: _____

   _____

3. How does the described functional limitations affect the student's ability to live in a college residential environment? _____

   _____

   _____

4. Date treatment began: _____
5. Date of most recent appointment with student: _____
6. Frequency of treatment: _____
7. Is the student engaged in ongoing treatment? _____
8. How would you describe the current severity of the condition?

   ☐ Mild ☐ Moderate ☐ Severe

9. In your professional opinion, would assuming daily responsibility for an animal in a campus housing setting likely worsen, complicate, or otherwise impact the student's symptoms?
   ___ Yes ___ No
10. If yes, please explain: _____

    _____

Section II: Disability-Related Need for an Emotional Support Animal

1. Identify the specific symptom(s) or functional limitation(s) associated with the student's disability and explain how the presence of an emotional support animal in housing mitigates those symptoms or limitations: _____

   _____

   _____

Is this particular animal part of the student's treatment plan?

a. Yes, specifically recommended as part of treatment.
b. No.
c. Other (please explain): _____
_____

2. If the student does not yet have this specific animal, explain the clinical basis for determining that an emotional support animal of this type will mitigate the identified functional limitations in a residential setting: _____
_____
_____

3. Is there an established therapeutic relationship between the student and this emotional support animal or intended type of emotional support animal? ___ Yes ___ No

   If yes, duration of relationship: _____

Section III: Additional Considerations and Alternative Accommodations

1. Have you discussed with the student the daily responsibilities associated with properly caring for an animal in residential campus housing? ___ Yes ___ No

2. Do you believe those responsibilities could exacerbate the student's functional limitations in housing?

   ___ Yes ___ No

3. If the ESA is not approved, what is the anticipated impact on the student with respect to their functional limitations in a residential setting? _____
_____
_____

4. What additional or alternate accommodations would you recommend that may address the student's functional limitations?

   _____

   _____

5. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the student shared these restrictions with you? ___ Yes ___ No

Section IV: Provider Information and Certification

Provider Name (print): _____

Professional License Type: _____ License #: _____ Issuing State: _____

Areas of clinical specialization: _____

Practice Business Name: _____

Business Address: _____

Business Phone number: _____

Business Email: _____

By signing below, I certify that i) I am licensed and acting within the scope of my professional practice; ii) I have personal knowledge of the student based on a professional and therapeutic relationship relevant to this housing accommodation request; iii) The information provided in this form is accurate and based on my clinical judgment; and iv) I understand that providing false or misleading information may have legal and professional consequences.

Provider Signature: _____ Date: _____

Thank you for completing this form. If we need additional information, we may contact you at a later date. The named student has signed this form (above) indicating written permission to share additional information with us in support of the request.

Please return this questionnaire to *Lindenwood University.*

Contact information: Accessibility Office/LARC 346
Address: 209 S. Kingshighway, St. Charles, MO 63301 Telephone: (636) 949 – 4699
Email address: accessibility@lindenwood.edu.