

REQUEST FOR INFORMATION
Emotional Support Animal Accommodation Request

Please note: Your health care provider is not required to use this specific form. However, all the information requested here is necessary for the institution to consider any request for an Emotional Support Animal (“ESA”) accommodation. This form is provided as a convenience. If you choose not to utilize this form, any letter from your health care provider must be on their official letterhead. Documentation without letterhead will not be accepted.

STUDENT

Student’s Printed Name: _____

Proposed ESA, if identified:

Animal’s name: _____ Type of animal: _____ Age of animal: _____

Please sign this form before providing it to your health care provider to complete.

By signing below, you consent to allowing your health care provider to share any information relevant to your need for an ESA accommodation, as shown on this form, with the Fairmont State University Office of Accessibility Services Coordinator for the next sixty (60) days.

Student Signature

Date

Recommended practitioners for accepted documentation

The following practitioners are accepted to provide documentation on the respective disabilities or conditions (all must be appropriately credentialed and licensed in their respective fields):

Disability or Condition	Acceptable Practitioner
Attention Deficit Hyperactivity Disorder	Neuropsychologist, Clinical Psychologist, Psychiatrist, Neurologist, Neurodevelopmental Physician
Chronic Illness/Health	Gastroenterologist, Rheumatologist, Endocrinologist, Internal Medicine, or other physician knowledgeable of condition
Developmental Disability (such as Autism Spectrum Disorder)	Neuropsychologist, Psychiatrist, Clinical Psychologist, Neurodevelopmental Physician
Head Injury/TBI	Neurologist, Neuropsychologist to include general medical physicians
Hearing	Audiologist (CCC-A), Otolaryngologist
Learning Disabilities	School Psychologist, Clinical Psychologist, Neuropsychologist, Neurodevelopmental Physician
Mental Health or Psychiatric	Psychiatrist, Clinical Psychologist, Social Worker (LCSW), Marriage/Family Therapist, Licensed Professional Clinical Counselor, Psychiatric Nurse Practitioner
Mobility/Physical	Physical Therapist, Orthopedic Surgeon, other physician knowledgeable of condition
Speech and Communication Conditions	Speech Language Clinician
Vision	Optometrist, Ophthalmologist

HEALTH CARE PROVIDER

In order to determine reasonable accommodation, Fairmont State University requires current and comprehensive documentation of the student’s disability. A disability is defined as a physical or mental impairment that substantially limits one or more major life activities.

The above-named student has indicated that you are the health care provider who has advised that having an Emotional Support Animal (“ESA”) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student’s mental health disability. Your role as a licensed care provider is to thoroughly articulate the functional limitations of a student’s disability (a sentence or two is *not* sufficient).

This form must be completed by a licensed clinical professional or health care provider who is familiar with the student and their diagnosed disability and the impact it has on their functioning. The diagnosing/treating professional cannot be an immediate family member. *Letters purchased from the internet with limited contact between the student and the provider for the sole purpose of obtaining ESA documentation will not be accepted.*

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.

Please answer the following information about the student’s disability:

1. 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 (i.e. talking, sleeping, caring for one’s self, etc.). That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student’s mental health impairment (that is, how is the student substantially limited?).

2. In what **specific** way(s) does the disability limit their ability to fully benefit from their **campus residential housing**?

3. Does the student require ongoing treatment? (Circle one) YES NO
4. When did you first meet with the student regarding this mental health diagnosis, and in what context (that is, was it a face-to-face meeting or a virtual interaction)?

5. When did you last interact with the student regarding this mental health diagnosis?
Date (mm/dd/year): _____

Please answer the following information about the proposed ESA: Please be advised that there are restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA based on the information provided but may not be allowed to bring the specific animal named.

1. Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

2. Describe the **specific** symptoms you believe will be reduced by the ESA that cannot be easily obtained through other means (therapy, medication, etc.)? How will those symptoms be mitigated by the presence of the ESA?

3. Is there evidence that an ESA has helped this student in the past or currently?
(Circle one) YES NO

Please answer the following concerning the importance of the ESA to the students' well-being:

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

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

3. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?
(Circle one) YES NO

4. Do you believe those responsibilities might exacerbate the student's symptoms in any way?
(Circle one) YES NO

Thank you for your help in providing this information. Please complete the provider information below. This form should be signed and returned via fax, email or mail to the Office of Accessibility Services at Fairmont State University. **The documentation must be provided directly from the health care provider. Documentation provided directly from the student will not be accepted.**

All documentation submitted to the Office of Accessibility Services is considered confidential.

<i>Provider Information</i>	
I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.	
Signature: _____	Date: _____
Print Name and Title: _____	
State of License: _____	License Number: _____
Address: _____	
Phone: _____	Fax: _____

Please return this form to:
 Fairmont State University
 Office of Accessibility Services
 1201 Locust Avenue
 Fairmont, WV 26554
 Phone: (304) 367-4543
 Email: access@fairmontstate.edu
 Fax: (304) 367-4584

<i>Attach Provider Business Card Here</i>
