



Supporting Documentation for Emotional Support Animal Request

Provider (Physician, Psychiatrist, Social Worker, Mental Health Worker):

Your patient is a student at Wake Forest University 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. To consider this student's request for an accommodation because of a disability, Wake Forest University 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.

The information you provide will be used to evaluate the request. *Please take the time to complete this form in its entirety.*

All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). A signed consent for release of information should be completed by the student prior to the release of this form. Thank you for your assistance.

Return Completed Form to:

<i>Standard Mail</i> Assistant Director, Housing Assignments Wake Forest University 1834 Wake Forest Rd., Box 7749 Winston Salem, NC 27106	<i>Electronically</i> Email: housing@wfu.edu Assistant Director, Housing Assignments Wake Forest University
--	---

If the spaces provided are not adequate, please attach a separate sheet of paper.

Student Name First: _____ Last: _____

Information about the Student's Disability

What is the nature of the student's mental health impairment?

Date of diagnosis: _____

Describe how this condition substantially limits a major life activity. Major life activities "are those basic activities that the average person in the general population can perform with little or no difficulty." 29 C.F.R. pt 1630

Does the student require ongoing treatment? _____

Date of last visit for this condition: _____

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

Information about the Proposed ESA

Is the animal:

- An animal that you specifically prescribed as part of treatment for the student
- An animal that you believe will have a beneficial side effect for the student while in residence on campus

What symptoms will be reduced by having the ESA?

Anticipated duration of need for accommodation:

Is there evidence that an ESA has helped this student in the past or currently?



Importance of ESA to Student's Well-being

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?

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

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, 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.

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

Provider's Signature: _____

Date: _____

Provider's Name _____

Address _____

License/Cert. # _____ **State:** _____

Specialty _____

Phone: _____ **Fax:** _____

Affix a business card or apply business stamp within this box: