

UF MARTIN

Office of Disability Services

REQUEST FOR DOCUMENTATION: EMOTIONAL SUPPORT ANIMAL

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

Student's Name: _____

Type of animal: _____ **Age of animal:** _____

The above-named student has indicated that you are the physician, psychiatrist, social worker, or mental health worker who suggested they have an Emotional Support Animal (ESA). The ESA is intended to alleviate one or more of the identified barriers the student faces in the resident hall because of a disability. Generally, we accept documentation from providers in the state of Tennessee or the student's home state who have a 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.

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

Information about the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

1. Does the student have a disability?

2. Please describe why the student needs an ESA as an accommodation in terms of disability symptomology.

3. When did you first meet with the student regarding this disability?

4. When did you last interact with the student regarding this disability?

Information About the Proposed ESA

1. Is this an animal that you specifically prescribed 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. What barriers will be reduced by having the ESA?

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

Importance of ESA to Student's Well-Being

1. In your professional opinion, how important is it for the student's well-being that the 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?

4. Do you believe the responsibilities associated with properly caring for an animal while engaged in typical activities and residing in campus housing may exacerbate 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 emotional support animal in the residence hall can be a real benefit for someone with a significant mental health disability, and we carefully consider the impact of the request for this accommodation on both the student and the campus community.

Below, please provide your contact information, sign and date this questionnaire.

Provider name: _____

License# _____

Address: _____

Telephone: _____

Email address: _____

Fax: _____

Professional Signature _____

Date _____

Please return it to the Office of Disability Services by:

Email: DisabilityServices@utm.edu

Fax: 731-881-7702

Mail: Office of Disability Services

206 Clement Hall

210 Hurt Street

Martin, TN 38238

STUDENT (please sign this form before providing it to your provider to complete):

By signing below, I consent to allowing my medical provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with UT Martin Office of Disability Services for the next 60 days.

Signature: _____

Date: _____



OFFICE OF DISABILITY SERVICES

206-209 Clement Hall
DisabilityServices@utm.edu
731.881.7195