

EMOTIONAL SUPPORT ANIMAL (ESA) REQUEST FOR INFORMATION

This section to be completed by the student:

Student's Name: _____ Date: _____

Laker ID: _____ Phone: _____

CSU Student Email: _____@student.clayton.edu

Name of Animal: _____ Age of Animal: _____ Type of Animal: _____

This section to be completed by medical/mental health professional:

Medical Provider Name (please print):

The above-named student has indicated that you are the treatment provider who has suggested 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. The Disability Resource Center (DRC) requires documentation from our students to evaluate that student's request for disability-related accommodations. Please answer the following questions as it relates to the information about the student's disability and their request for an Emotional Support Animal.

Primary Diagnosis: _____

DSM/ICD code: _____ Date of onset: _____

Please describe the symptoms or functional limitations the student experiences as a result of their disability.

Please indicate dates when you provided treatment services to the student for the disability necessitating an ESA.

_____/_____/_____ to ____/____/_____ or Present (circle "Present" if you are a current treatment provider)

Is the animal named here one that you specifically prescribed as part of treatment for the student?

____ YES ____ NO

Do you believe the ESA will have a beneficial effect for the student while in residence on campus?

____ YES ____ NO

If yes, what symptoms will be reduced by having an ESA?

Is there evidence that an ESA has helped this student in the past or currently? ____ YES ____ NO

If yes, please explain

Does the student require ongoing treatment? If so, please describe any further recommendations for treatment.

In your opinion, how important is it for the student's well-being that an 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? ____ YES ____ NO

Do you believe those responsibilities might exacerbate the student's symptoms in any way? ____ YES ____ NO

If yes, please explain.

Thank you for taking the time to complete this form. We recognize that having an Emotional Support Animal (ESA) can be beneficial for someone with a significant disability. Careful consideration of the impact of an ESA on both the student and the campus community necessitate some restrictions on the kind of animal approved for a residence hall.

If additional information is needed, the Disability Resource Center staff may contact you directly. Please return this completed form to Clayton State University Disability Resource Center, Edgewater Hall, Suite 255, 2000 Clayton State Boulevard, Morrow, GA 30260 or by fax at 678-466-5467. For further information visit www.clayton.edu/drc, or call us at 678-466-5445.

Address: _____

Telephone: _____

FAX and/or Email address: _____

Professional Signature: _____ Date: _____

License #: _____

