



Request for Information - ESA Documentation Form

Student's Name: _____

Type of Animal: _____

Name of Animal: _____

Age of Animal: _____

Transylvania University is committed to providing reasonable accommodations to students with disabilities. The ADA defines a disability as a "physical or mental impairment that substantially limits one or more major life activities". Please assist us in determining whether the above-named student has a disability under the ADA, how the impairment affects the student in their current functioning as it is related to various demands of higher education, and what reasonable accommodation(s) might mitigate the effects of the functional limitations of the diagnosed condition(s).

An ESA is an animal prescribed by a licensed healthcare professional for an individual with a **significant diagnosed psychiatric disability** who **needs** the presence of the animal to remain psychologically stable.

To be eligible for an ESA as an accommodation in Student Housing, a student must verify the following:

- The student has a disabling condition;
- The animal is necessary to afford this student an equal opportunity to use Student Housing;
- There is an identifiable nexus between the disability and the support the animal provides; and
- The presence of the animal mitigates identifiable symptoms of the disability.

While we recognize that the presence of an animal may have benefits for many students with disabilities, the practical limitations of Student Housing make it necessary to carefully consider the impact of an animal on both the student and the residential campus community. Please explore all treatment options before prescribing the animal.

The following is to be completed by a licensed healthcare provider

Does the student have a diagnosis (ICD-10 or DSM-5)? Y N

What is the level or severity? When was the student initially diagnosed? _____

Describe your professional relationship with this student. How long have you been working with this student? How many sessions have you had? When did you last interact with this student? _____

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What, if any, treatment options have been explored previously? _____

Does the impairment substantially limit one or more major life activities? **Y** **N**

Describe the functional limitations currently experienced by the student. How do they impact the student inside and outside student housing?

Please indicate which specific symptoms will be reduced by having the ESA. _____

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

If yes, please explain: _____

Is there another intervention or treatment you could recommend that might be a reasonable alternative to having an Emotional Support Animal? _____

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If the condition is cyclic, will the student be able to provide proper care for the ESA during flare-ups?

Y N

Have you discussed with your client the possible challenges of the responsibilities of having and caring for an ESA while being a full-time student at Transylvania University with its rigorous academic requirements, all while living in a small, shared dorm room? Y N

By signing this form, you, the professional, attest to the accuracy of these statements. Please attach additional information you believe to be relevant. Feel free to contact us for any questions you may have.

Professional's Signature: _____

Printed Name & Credentials: _____

License #: _____

Address: _____

City: _____ State: _____

Zip: _____ Telephone: _____

Date: _____

**Thank you for taking the time to complete this form
and for sharing your professional expertise with us!**

Return this information, marked confidential to:

Transylvania University, Accessibility Services
Attn: Laura Scroggins
300 North Broadway
Lexington, KY 40508
Phone: 859-233-8176 / Fax: 859-233-8797 / Email: accessibility@transy.edu