

To the student's healthcare provider: On your professional letterhead, please provide the following information.

REQUEST FOR INFORMATION

Re: Emotional Support Animal

Student's Name: _____

Animal's name: _____

Type of animal: _____

Age of animal: _____

The above-named student has indicated that you are the (physician, psychiatrist, social worker, licensed professional counselor, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this 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.")

What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

Does the student require ongoing treatment?

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

Information About the Proposed ESA

Is this an animal that you specifically prescribed as part of treatment for the student that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having the ESA?

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?

Please provide the information below, along with a statement certifying that you have completed the questionnaire.

Contact information:

Address:

Telephone:

FAX and/or Email address:

Professional Signature:

License #:

Date:

Documents may be sent to Arkansas Tech University Office of Disability Services via email: disabilities@atu.edu; phone (479) 968-0302, fax (479) 968-0375, or traditional mail:

Doc Bryan Student Services Center, Suite 141
1605 N Coliseum Drive, Russellville, AR 72801.

Thank you for taking the time to provide this information. 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.