



REQUEST FOR INFORMATION Re: Emotional Support Animal

Student's Name (print): _____

Re: Proposed ESA (if identified):

Name of Animal: _____

Type of Animal: _____

Age of Animal: _____

The above-named student has indicated that you are the (physician, psychiatrist, 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. We will accept documentation from providers in the State of California or the students' home state; providers, of course, are expected to have a medical/therapeutic relationship with the student. 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 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 (i.e., how is the student substantially limited?)

Does the student require ongoing treatment?

When did you first meet with the student regarding this mental health diagnosis?

Information about the Proposed ESA

(Please note there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal requested.)

Is the animal named here one you specifically prescribed as part of treatment for the student, or is it a pet 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 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, if any, in terms of disability symptomology, may result if the accommodation is not approved?

This student was provided a copy of the ESA Policy (rules, restrictions, responsibilities) surrounding the presence of an animal in residential housing. Has the student shared this information with you?
Yes/No (please circle).

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 (please circle).

Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of this request.

We recognize having an ESA in the residence hall can be a real benefit for someone with a significant mental health diagnosis, 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.

Please provide contact information, sign and date this questionnaire (below), and return it to:

Amy Wilms, Assistant Dean of Academics & Student Life
University of Redlands
Student Development Center
1200 E. Colton Avenue
Redlands, CA 92373
Phone: 909-748-8069
Fax: 909-335-5296
amy_wilms@redlands.edu

Contact Information: _____

Address: _____

Telephone: _____

FAX and/or Email Address: _____

Professional Signature: _____

License #: _____

Date: _____