Supporting Documentation for Assistive Animal (Emotional Support Animal) Request

I, __________________________________________, give my consent for The University of Texas at Dallas, Office of Student AccessAbility to make contact with my health professional(s) to ask for my healthcare information, and give permission for my health professionals(s) to release my relevant healthcare information to the requesting UTD representatives for the purpose of evaluating my Request for Housing Accommodation for an Assistive Animal (AA).

Student Name   First: ________________________ Last: _____________________________
(Printed)

Student’s signature: __________________________________________________________

Dear Provider (Physician, Psychiatrist, Social Worker, Mental Health Worker and Certified Rehabilitation Counselor)

Your patient is a student at UTD and has indicated that having an Assistive Animal will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. To consider this student’s request for an accommodation because of a disability, UTD requires documentation from the treating and licensed clinical professional or health care provider thoroughly familiar with this student’s condition and his/her functional limitations and/or restrictions.

The information you provide will be used to evaluate the request. Please take the time to complete this form in its entirety.

All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). A signed consent for release of information should be completed by the student prior to the release of this form. Thank you for your assistance.

Return Completed Form to:

<table>
<thead>
<tr>
<th>Standard Mail</th>
<th>Electronically</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Office of Student AccessAbility</td>
<td><a href="mailto:Studentaccess@utdallas.edu">Studentaccess@utdallas.edu</a></td>
</tr>
<tr>
<td>The University of Texas at Dallas</td>
<td></td>
</tr>
<tr>
<td>800 W. Campbell Road, SSB 32</td>
<td></td>
</tr>
<tr>
<td>Richardson, TX 75080</td>
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</tbody>
</table>

If the spaces provided are not adequate, please attach a separate sheet on letterhead paper.
Information about the Student’s Disability

What is the nature of the student’s medical/disability that justifies the request of an Assistive Animal?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date of diagnosis: _________________________________________________

Describe how this condition substantially limits a major life activity. Major life activities “are those basic activities that the average person in the general population can perform with little or no difficulty.”
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Does the student require ongoing treatment?
____________________________________________________________________________

How long have you been working with the student regarding their medical/disability diagnosis?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

When was the last treatment visit? _________________________________________________

Information about the Proposed Assistive Animal (AA)

Is the animal:
- An animal that you specifically prescribed as part of treatment for the student
- An animal that you believe will have a beneficial side effect for the student while in residence on campus

What symptoms will be reduced by having the Assistive Animal?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Anticipated duration of need for the accommodation:
____________________________________________________________________________

Is there evidence that an Assistive Animal has helped this student in the past or currently?
Importance of Assistive Animal (AA) to Student’s Well-being

In your opinion, how important is it for the student’s well-being that the Assistive Animal be in residence on campus?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What consequences, in terms of disability symptomatology, 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?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Do you believe those responsibilities might exacerbate the student’s 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 Assistive Animal at the University of Texas at Dallas campus housing can be a real benefit for someone with a medical/disability situation, but the practical limitations of our housing arrangements make it necessary for our department to carefully consider the impact of the request for an Assistive Animal on both the student and the campus community.

Provider’s signature: __________________________ Date: __________
Provider’s Name: __________________________
Address: ____________________________________________

License/Cert. #: ______________ State: ______
Specialty: ______________ Phone: ______________ Fax: ______________
Affix a business card or apply business stamp within this box:  

Business Card