



**Verification/Request Form for Emotional Support Animal (ESA)**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

*Proposed ESA Name:* \_\_\_\_\_ *Type of Animal:* \_\_\_\_\_ *Age of Animal:* \_\_\_\_\_

I authorize Austin College to receive information from my provider named herein \_\_\_\_\_

I authorize my provider to discuss my condition(s) with appropriate and qualified Austin College personnel on an as-needed basis.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student.<sup>1</sup> If this space is not adequate, please attach additional paper or a diagnostic report providing supplementary information.*

*The above named student indicated that you are the licensed professional who has suggested that having an Emotional Support Animal (ESA) in campus housing 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 complete this form.*

How long have you treated or counseled student? \_\_\_\_\_

Date of initial contact with student: \_\_\_\_\_

Date of last office visit with student: \_\_\_\_\_

1. Specific disability/disorder (DSM-V), including when student was first diagnosed, severity, and current symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Identify the specific limitations/impairment caused by the disability and how this substantially limits one or more major life activities for this student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Explain how the accommodation of an ESA is necessary for the individual to use and enjoy campus housing<sup>2</sup>:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup>The provider completing the form cannot be a relative of the student.

<sup>2</sup> 42 U.S.C. § 3604(f)(3)(B)

4. Identify any other accommodations that may be equally effective in allowing use and enjoyment of housing. If applicable, indicate any mitigating measures that have been tried, or are currently being used, and how they alleviate or eliminate limitations:

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5. 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?

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6. Has the proposed ESA undergone any specific training?

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**Name of Treating Professional:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature of Treating Professional:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Return Form to:**

Director  
Academic Skills Center  
900 North Grand, Ste. 61544  
Sherman, TX 75090  
Office: (903) 813-2454  
Fax: (903) 813-2038