



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:

<i>Standard Mail</i> The Office of Student AccessAbility The University of Texas at Dallas 800 W. Campbell Road, SSB 32 Richardson, TX 75080	<i>Electronically</i> Studentaccess@utdallas.edu
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If the spaces provided are not adequate, please attach a separate sheet on letterhead paper.



Student Name First: _____ Last: _____

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:

