



REQUEST FOR INFORMATION Re: Emotional Support Animal

Student's Name: _____ DOB: _____

The above-named student has indicated that you are the (physician, psychiatrist, social worker, 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

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity as compared to the average person in the general population. The definition also takes into account any mitigating measures, such as medication or other treatment or therapies, the person is employing that may relieve the substantial limitations caused by the impairment. If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability.

Does the resident have a disability under this definition? ____ Yes ____ No

Please identify the resident's impairment(s) and describe how each impairment substantially limits his/her ability to perform a major life activity as compared to most people in the general population:

_____ Does the student require ongoing treatment? ____ Yes ____ No

How long have you been working with the student regarding this impairment? _____

Please identify if the resident is using any measure (e.g., prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment and, if so, if the mitigating measure(s) eliminates the substantial limitations.

Information About the Proposed ESA

Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet 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?

Describe any 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?

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 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.

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

Daniel Jordan, MC NCC LPC
Accessibility Coordinator (The Griffin Complex),
Gwynedd Mercy University, 1325 Sumneytown Pike, P.O. Box 901,
Gwynedd Valley, PA 19437-0901.
Fax: 215-641-5578

Name: _____ Signature: _____

Date: _____ License #: _____

Address: _____

Telephone: _____ FAX: _____

Email address: _____