**Emotional Support Animal: Request for Documentation**

**INFORMATION FOR LICENSED PROFESSIONAL/PLEASE NOTE:** The person whose name appears below has applied for disability services/accommodations with Student Disability Services (SDS) at the University of Texas at San Antonio (UTSA). In order for SDS to establish whether this student has a disability and to determine eligibility for services, we will need your clinical assessment/diagnosis of this student. A disability is defined as a physical or mental impairment that substantially limits one or more major life activity such as those delineated below.

This student has indicated that you are the licensed professional who has recommended that having an Emotional Support Animal (ESA) in **University Housing** will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. Student Disability Services is requesting the following information so that we may better evaluate student’s request for an ESA in **University Housing**.

**To be completed by the student**

First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\_\_\_\_\_\_\_\_

UTSA Student ID Number (8 digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by licensed professional**

1. List DSM and/or ICD Diagnosis (es) with specifiers, and a description of specific symptoms the student currently experiences **(include date diagnosed and duration of treatment)**

2. Based on the above diagnosis, describe the symptoms and/or functional limitations related to the diagnosis that cause significant impairment in a major life activity (e.g. sleeping, eating, caring for oneself, etc.)

3. Current treatment being received by student, counseling (individual, group, etc.)

4. How long have you been working with student regarding this diagnosis?

5. Is this an animal that you specifically prescribed as part of the student’s treatment plan and/or provides the student equal access to their on campus living environment?

6. Describe why an emotional support animal is necessary for disability-related reasons (for example, what symptoms are reduced?)

7. Is there evidence that an emotional support animal has helped this student in the past or currently?

8. In your opinion, what therapeutic purpose/es does the emotional support animal provide in the student’s on campus residence?

9. Provider Information

Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under Supervision of (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can email, fax, or hand deliver this form to SDS using the contact information below:

University of Texas at San Antonio

Student Disability Services

One UTSA Circle, MS 3.01.16

San Antonio, Texas 78249-0690

210-458-4157 (Voice)

210-591-7318 (Videophone)

210-458-4980 (Fax)

disability.services@utsa.edu