



Emotional Support Animal Verification Form

SECTION 1: TO BE COMPLETED BY STUDENT

RELEASE AUTHORIZATION

I hereby authorize _____ to release the medical information requested on this form to Rhodes College Student Accessibility Services for the purposes of determining my eligibility for disability-related accommodations.

This authorization will remain in effect for one year or until _____.

Print Name: _____ Rhodes ID#: _____

Date of Birth: _____

Student Signature: _____

Date: _____

SECTION 2: TO BE COMPLETED BY MEDICAL OR HEALTHCARE PROVIDER

The above-named student has indicated that you are the physician, psychiatrist, or mental health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall at Rhodes College will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. We will accept documentation from providers in the State of Tennessee, or the student's home state, who have had an ongoing therapeutic relationship with the student.

MEDICAL DOCUMENTATION FORM

To be filled out by Medical or Healthcare Provider (Please Print Legibly)

Provider Name: _____

Credentials: _____

Address: _____

Phone: _____

Fax: _____

Are you the primary care physician or therapist/counselor for this student? Yes No

How long have you been working with this student? _____

Date of last visit: _____ Frequency of visits: _____

Information About the Student's Disability

List medical diagnoses and prescribed medications. (Please include DSM-IV-TR or DSM-V codes.)

Describe the specific nature of the student's mental health impairment and symptomology.

Does the student require ongoing treatment? If so, please describe.

What other interventions have been used?

Information About the Proposed ESA

Name of animal: _____

Type of animal: _____

Age of animal: _____

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 living on campus?

What specific symptoms will be reduced by having the ESA?

Is there 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, if any, 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?

Do you have specialty evaluations or reports (e.g., neuropsychological, psychiatric, visual, hearing, speech, physical therapy, occupational therapy, etc.) on this patient? Yes (please include a copy) No

Is the student requesting other accommodations or considerations in the academic environment? Yes (please explain) No

Please use this additional space to provide any other information you believe will be helpful to us in assisting this student in their academic endeavors at Rhodes College.

Names/roles of those completing form on behalf of Healthcare Provider: _____

Signature of Healthcare Provider _____

Date _____ Telephone Number _____

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 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 direct completed forms and questions to:

Melissa Butler, Director of Student Accessibility Services
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