



Emotional Support Animal Verification Form

Section 1: TO BE COMPLETED BY STUDENT

Student's Name: _____ ID#: _____

Where will you be residing on campus (e.g., West Village, Robinson, etc.)?

Name and title of professional filling out this form: _____

Address: _____

Phone: _____ Fax: _____

Information on Proposed Emotional Support Animal (ESA)

Name: _____

Type of animal: _____

Age of animal: _____

PERMISSION FOR RELEASE OF INFORMATION

For purposes of determining the need for an ESA in campus housing, I authorize the release of the information requested on this form to Rhodes College.

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

Student's Signature: _____

Date: _____

Section 2: TO BE COMPLETED BY RECOGNIZED PROFESSIONAL

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.

Information About the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

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

Provider Name: _____

Credentials: _____

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: _____

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

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?

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

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.

Signature of Health Care Provider _____

Date _____ Telephone Number _____