



## Request for Information - ESA Documentation Form

Student's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Type of Animal: \_\_\_\_\_

Name of Animal: \_\_\_\_\_

Age of Animal: \_\_\_\_\_

Accommodation Services at Transylvania University provides accommodations to students with disabilities seeking an Emotional Support Animal (ESA). An ESA is an animal prescribed for an individual with a **significant diagnosed psychiatric disability** who **needs** the presence of the animal to remain psychologically stable.

A student seeking any accommodation must provide appropriate documentation of the disability so Transylvania University can evaluate the student's request. The documentation must describe the disabling condition, which is defined by the presence of a substantial limitation in one or more major life activities.

To be eligible for an ESA as an accommodation in Student Housing, a student must verify the following:

- The student has a disabling condition;
- The animal is necessary to afford this student an equal opportunity to use Student Housing;
- There is an identifiable nexus between the disability and the support the animal provides; and
- The presence of the animal mitigates identifiable symptoms of the disability.

**While we recognize that the presence of an animal may have benefits for many students with a disability, the practical limitations of Student Housing make it necessary to carefully consider the impact of an animal on both, the student and the campus community. The final decision to approve an animal on campus is with the University. Please explore all treatment options before prescribing the animal.**

**The following is to be completed by a licensed healthcare provider**

What is the student's **DSM-5 diagnosis (optional)**? What is the level or severity? When was the student initially diagnosed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your professional relationship with this student. How long have you been working with this student? How many sessions have you had? When did you last interact with this student? \_\_\_\_\_

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## Release of Information for ESA Request - Continued

What, if any, treatment options have been explored previously? \_\_\_\_\_

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Does the impairment substantially limit one or more major life activities?    **Y**             **N**

If yes, describe the impaired major life activities: \_\_\_\_\_

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What are the student's functional limitations? How do they impact the student inside and outside student housing?

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Please indicate which specific symptoms will be reduced by having the ESA. \_\_\_\_\_

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Is there evidence that an ESA has helped this student in the past or currently?    **Y**             **N**

If yes, please explain: \_\_\_\_\_

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## Release of Information for ESA Request - Continued

Are there specific negative impacts of not having the animal with them in Student Housing? In specific situations or contexts? \_\_\_\_\_

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Is there another intervention or treatment that you could recommend that might be a reasonable alternative to having an Emotional Support Animal? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the condition is cyclic, will the student be able to provide proper care for the ESA during flare-ups?

Y       N

Have you discussed with your client the possible challenges of the responsibilities of having and caring for an ESA while being a full-time student at Transylvania University with its rigorous academic requirements, all while living in a small, shared dorm room?   Y    N

**By submitting this form, the student has given Transylvania University permission to contact you if we have any further questions. By signing this form, you, the professional, attest to the accuracy of these statements. Please feel free to contact us with any questions you may have. Thank you for taking the time to complete this form and sharing your professional expertise with us!**

Professional's Signature: \_\_\_\_\_

Printed Name & Credentials: \_\_\_\_\_

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

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

### Return this information, marked confidential to:

Transylvania University

Accessibility Services - Attn: Lisa Ladanyi

[lladanyi@transy.edu](mailto:lladanyi@transy.edu); Phone: 859-233-8502

300 North Broadway, 238 Young Campus Center, Lexington, KY 40508