

WAGNER COLLEGE

OFFICE OF ACADEMIC ADVISING AND ACCESSIBILITY

REQUEST FOR INFORMATION Re: Emotional Support Animal

STUDENT (please sign this form before providing it to your mental health provider to complete):

By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with *(personnel from the Office of Academic Advising and Accessibility)* for the next 60 days.

Signature

Date

Student's Name: _____

Re: Proposed ESA

Name of animal: _____

Type of animal: _____

Age of animal: _____

The above-named student has indicated that you are the (licensed physician, psychiatrist, psychologist, 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

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

Does the student have a physical or mental impairment? _____

Does the student's impairment(s) substantially limit at least one major life activity or major bodily function? _____

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Does the student require ongoing treatment?

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

Information About the Proposed ESA

- a. Is this an animal specifically prescribed as part of treatment for the student, or is it an animal that you believe will have beneficial effect for the student while in residence on campus?

- b. If yes to (a) above, how does the animal(s) provide therapeutic emotional support to alleviate a symptom or effect of the disability of the patient/client?

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

Importance of ESA to Student's Well-Being

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?

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Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. Submission of the form does not guarantee approval. 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 the Office of Academic Advising and Accessibility;

Email Address: aaa.success@wagner.edu

Phone: 718-390-3181

Fax: 718-420-4012

Contact Information

Printed Name: _____

Address: _____

Telephone: _____

FAX and/or Email Address: _____

Type of License: _____ License #: _____

Signature

Date