Emotional Support Animal (ESA) Request

PROVIDER REQUEST FORM

Return to:

Sara Vogel
Student Accessibility Coordinator
sara.vogel@alverno.edu or studentaccessibility@alverno.edu
Fax: 414-392-7705

Student: Please fill out the section below.

Full Name: _____

Student Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

AUTHORIZATION TO RELEASE INFORMATION: I authorize the provider listed below to release information related to my request to Alverno College for the purpose of an accommodation to my housing assignment because of a disability, and to discuss this request with a representative of Residence life and Student Accessibility Coordinator, if necessary. This authorization is valid for the duration of the request for accommodation, effective from the date below.

Name of Provider: _____

Provider Address: _____

City: _____ State: _____ Zip Code: _____

Student Signature: _____

Date: _____

The medical/healthcare provider provides information requested on signed letterhead and faxes or emails to the Student Accessibility Coordinator.

Provider Request for Information

*Students should fill in the top portion before their appointment.

*Student's Name: _____

*Proposed Emotional Support Animal: _____

*Animal Name: _____ *Animal Age: _____

*Animal Type: _____

For provider:

I am the medical/health provider who is treating: _____ (student's name). I am recommending that having an Emotional Support Animal (ESA) in the residence hall will be necessary in alleviating one or more of the identified symptoms or effects of the student's disability.

To evaluate the request for an ESA it is required that the medical provider answers all the following questions in a formal letter that is written on your signed letterhead and faxed or emailed to the Student Accessibility Office:

1. What is the nature of the student's impairment (that is, how is the student substantially limited)?
2. Does the student require ongoing treatment? If so, please provide the treatment plan.
3. Please describe the specific type of animal you are prescribing.
4. Is the specific animal described above **therapeutically necessary** for the treatment of the students' diagnosed disability?
5. What type of emotional or therapeutic support does the ESA provide?
6. Is there evidence that an ESA helped this student in the past or currently? If yes, how so?
7. 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?

Thank you for taking the time to go through these questions and provide these answers in a formal medical letter. Please include contact information with above requested information, and return a copy to the Student Accessibility Coordinator, Sara Vogel at sara.vogel@alverno.edu or fax 414-382-6354.