UNIVERSITY OF SOUTHERN INDIANA®

Disability Resources

Disability Verification Form for an Emotional Support Animal (ESA)

Student's First Name: _____ Middle: _____ Last: _____

The above-named student has indicated that you are the healthcare provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Reliable supporting documentation may be provided by a physician or licensed medical professional who does not operate solely to provide certification/support for ESAs.

- **Federal law defines** a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities.
- ESA recommendations should only be provided to individuals who meet the disability criteria outlined above.

An emotional support animal registration of any kind, including but not limited to an identification card, patch, certificate or similar registration obtained electronically or in person, is not, by itself, sufficient information to reliably establish that an individual has a disability-related need for an emotional support animal.

(The healthcare provider need not use this specific form; however, all information requested here is necessary for the institution to consider the request for an ESA. The form is provided as a convenience.)

So that we may better evaluate the request for this accommodation, please answer the following questions:

- When did you first meet with the student regarding this mental health diagnosis?

  _____

- How often have you seen the student (or plan to see the student) for further counseling/treatment?

  _____

- What functional limitations (barriers) is this student experiencing that substantially limits one or more major life activities and necessitates an ESA?

  _____

  _____

  _____

  _____

- How will those limitations be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that "The animal alleviates anxiety" is too general and does not explain **HOW** the animal may alleviate the symptoms of this student's disability.

  _____

  _____

  _____

  _____

- Do you believe the student is capable of properly caring for the animal? ☐ Yes ☐ No
- Do you believe the responsibilities of animal ownership could exacerbate the student's symptoms? ☐ Yes ☐ No

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- If the student was unable to bring the ESA, what is the anticipated clinical impact on their ability to remain in the residential environment?

_____

_____

_____

Certifying Professional: By signing below, I certify that I am a qualified professional in the field related to diagnosis and am not a family member of the student.

_____
Date

_____
Name (Printed) and Title

_____
Name of Practice

_____
Professional Credentials

_____
License or Certification No.

_____
Signature of Professional

_____
Telephone No.

RETURN TO:

USI Disability Resources, SC2206
8600 University Boulevard
Evansville, IN 47712

Phone: 812-464-1961 | **Confidential Fax:** 812-464-1935 | **Email:** usi1disres@usi.edu

USI.edu/disability-resources/documentation-guidelines

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While we recognize that animals provide comfort during the transition to university life, an Emotional Support Animal (ESA) is a formal accommodation for a documented disability. General loneliness or the typical stress of college life does not meet the legal threshold for an ESA. Documentation must clearly demonstrate how the animal mitigates specific functional limitations of an impairment.