



EMOTIONAL SUPPORT ANIMAL REQUEST FORM (Medical Provider)

Information to be completed by the student

Student Name: _____

Proposed ESA (if identified):

Animal name: _____ Type of animal: _____

Age of animal: How long have you had the animal? _____

Student: Please sign this form before providing it to your healthcare provider to complete. *By signing below, I consent to allow my mental health provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with the University of Wisconsin Green Bay Student Accessibility Services staff.*

Student signature: _____ Date: _____

The information below is to be completed by the student's healthcare provider

The University of Wisconsin Green Bay ("UWGB" or the "University") provides reasonable accommodations to students with disabilities who have a verifiable need for reasonable accommodations. Federal law defines a person with a disability as a *physical or mental impairment that substantially limits one or more major life activities*. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a student with a disability may need to have an equal opportunity to use and enjoy University housing.

The student named above has indicated that you are the health care provider who has recommended having an Emotional Support Animal (ESA) in housing will alleviate one or more of the identified symptoms or effects of the student's disability. Generally, we accept documentation from providers in the State of Wisconsin or the student's home state. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.

So that we may better evaluate the request for this accommodation, please fully complete the following questions. If handwriting responses, please do so legibly.

1. Does the student have a disability defined by federal law? _____ Yes _____ No

2. DSM-5 Diagnosis: _____

3. Date of Diagnosis: ____/____/____

4. When did you first meet the student regarding this mental health diagnosis, and in what context and frequency (that is, was it a face-to-face meeting or virtual interaction)?

5. When did you last interact with the student regarding this mental health diagnosis?

6. What is the ongoing treatment plan for this student?

7. Describe how each diagnosed disability substantially limits the student's ability to perform a major life activity as compared to most people in the general population.

8. Explain how the accommodation is necessary for the student to use and enjoy University housing as complied to a person without a disability.

9. What specific symptoms have been or will be reduced by having this ESA?

10. If the identified ESA has a current relationship with the student, what evidence is there that this ESA has helped the student?

11. Is there another accommodation that would be equally effective in allowing the student to use and enjoy University housing, if the requested accommodation is not possible?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

Name and Position of verifier (print): _____

Signature: _____ **Date:** ___/___/___

License or Certification #: _____

Office Address (street, city, state, and zip code):

Office Phone: (____) - ____ - _____

FAX Number: (____) - ____ - _____

Return to:

UW-Green Bay
Student Accessibility Services
2420 Nicolet Dr., SS 1700
Green Bay, WI 54311

920-465-2841

FAX: 920-465-2191

EMAIL: SAS@UWGB.EDU

It is recommended that all requests must be made at least eight weeks prior to the start of the semester.

Revised March 2023