



# Elon Emotional Support Animal (ESA) Provider Form

## *Important Information Before Beginning This Form*

- This form is to be completed on behalf of students requesting an Emotional Support Animal (ESA) on Elon's campus for the reason of a disability. Students with qualifying mental health conditions may request an exception to the Elon University pet policy. This exception would allow the student to possess an ESA **in their residence hall, apartment, or University leased housing** in order to alleviate one or more of the identified symptoms or impacts of the student's disability. Elon University requires supporting documentation of the student's disability from the student's **licensed clinical professional or health care provider** before Elon will consider an ESA as a reasonable accommodation.
- Failure to complete this form in a timely manner may result in a delay or may prevent Elon from being able to grant the requested accommodation. This form should be completed by a **licensed clinical professional or health care provider**. This form is **not** to be completed by the student or a family member, including a family member who is a licensed provider.
- For further information on our full guidelines for disability documentation, please visit our website on [Documenting a Disability](#).
- This form should be used for **ESA accommodation requests only**. For additional information on ESA requests, please visit our webpage about the [ESA Request Process](#).
- Generally, we accept documentation from providers in North Carolina or the student's home state. **Letters purchased from the Internet rarely provide the information necessary to support an ESA request.** The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for-sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

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***Student Information***

Student Name:

Student Date of Birth:

Student ID (if known):

***Provider Information***

Name of Provider:

Provider Credentials:

Provider Phone Number:

Provider Email (if available):

***Explanation of Need for an Emotional Support Animal (ESA)***

1. Please list the student's relevant diagnosis(es) that fall under your scope of practice.
  
  
  
  
  
  
  
  
  
  
2. Which major life activity(ies) or bodily function(s) does the diagnosis impact? (e.g., walking, seeing, hearing, breathing, self-care, etc.)
  
  
  
  
  
  
  
  
  
  
3. Describe the current severity **and** duration (including stability and progression, if applicable) of the student's functional limitations or disability-related impacts (this may include negative impact that may occur if request is not granted).

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4. What is the original date of diagnosis (if known)? Please include the name and degree/specialty of the individual who diagnosed the student. Please describe diagnostic criteria/tests used.
  
  
  
  
  
  
  
  
  
  
5. What is the date of the most recent evaluation or assessment that **you** completed with the student?
  
  
  
  
  
  
  
  
  
  
6. Please include a list of treatments, medications, devices, or services the student is currently prescribed.
  
  
  
  
  
  
  
  
  
  
7. What symptoms will be reduced by having an ESA? Is there evidence that an ESA has helped this student in the past or currently? Include information about the student's relationship to the animal. Please ensure that you explain why the presence of an ESA is **necessary to enable the student to live on campus**, and why other accommodations would be insufficient to allow the student to live on campus.

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8. Have you discussed the responsibilities associated with properly caring for an animal while engaged in college activities and while residing in campus housing? Do you believe those responsibilities would in any way exacerbate the student's symptoms?
9. **OPTIONAL:** Please provide any additional comments below.

***Professional Verification and Signature***

I am attaching a statement **on my official letterhead** of the last appointment I had with the named student, and including my address, phone number, professional credentials, and signature.

***Provider Signature:***

***Date:***

Once completed, please return to the Office of Disabilities Resources via email ([disabilities@elon.edu](mailto:disabilities@elon.edu)) or secure fax (336-278-6514). Thank you!