



**REQUEST FOR INFORMATION**  
**Re: Emotional Support Animal (ESA)**

The student has indicated that you are the health care 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 and/or physical disability. Generally, we prefer documentation from providers in the State of Florida or the student's home state who have personal knowledge of the student, consistent with their professional obligations. The Accessible Learning Center (ALC) will not accept letters purchased from the internet for a set price as they rarely provide the information necessary to support an ESA request.

The health care provider does not need to use this specific form, but all the information requested on this form is necessary for the institution to have to consider the request for an ESA; the provider is welcome to use this form to ensure all necessary information is provided or as a reference to write the student a letter in its place.

This form may be returned to our office by the student directly or by the provider via mail or email: Accessible Learning Center: 5800 Bay Shore Road, Sarasota, FL 34243. Please call 941-487-4847 or email: [aalc@ncf.edu](mailto:aalc@ncf.edu) if you have any questions.

**Section 1: General Information**

Student's Name:	
Name of animal:	Type of animal:

**Section 2: Disability Determination**

*Date of initial encounter with student:	*Date of last encounter with student:		
Method/s of services provided:	Face to Face	Telehealth/Virtual	Phone Call

1. What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?
  
  
  
  
  
  
  
  
  
  
2. How is the student substantially limited by their mental health diagnosis and/or physical impairments?
  
  
  
  
  
  
  
  
  
  
3. Will you personally be providing the student with ongoing treatment to address their mental health and/or physical disability needs?

**Section 3: Emotional Support Animal Information** - Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

4. Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pre-existing pet that you believe will have a beneficial effect for the student while residing on campus?
  
  
  
  
  
  
  
  
  
  
5. Is there evidence that an ESA has helped this student in the past or currently?

**Section 4: Provider Recommendations**

6. Have you, the provider, 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?
  
  
  
  
  
  
  
  
  
  
7. In your opinion, how important is it for the student's well-being that an ESA reside with them on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
  
  
  
  
  
  
  
  
  
  
8. Please provide any additional information you feel is relevant to support the request for an ESA accommodation while the student is residing in a residence hall:

**Provider Contact Information**

Address:	
Telephone:	FAX and/or Email address:

Professional Signature: \_\_\_\_\_ Type of License: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT:** I understand that my consent to release this information shall be valid for a period not to exceed one year from the date this consent form is signed unless otherwise specified. I have the right to revoke this authorization at any time, which I must do in writing.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date