

Oakland University
Disability Support Services Office
REQUEST FOR INFORMATION
For Emotional Support Animal

Student's Name:

Grizzly ID#:

Type and age of animal:

Date of Request:

The above-named student has indicated that you are the (physician, psychiatrist, social worker, therapist) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

What is the nature of the student's mental health impairment (how is the student substantially limited, what is the diagnosis)?

How long have you been working with the student regarding this mental health diagnosis?

Why would this student be unable to live in housing without the ESA?

Information About the Proposed ESA

Is this an animal that you specifically prescribed as part of treatment for the student? (What is the treatment plan)?

What is the therapeutic value of the animal that goes above a traditional pet relationship?

What symptoms will be reduced by having the ESA (symptoms, not diagnosis)?

What evidence is there that an ESA has helped this student in the past or currently?

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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 complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to:

Disability Support Services
Oakland University
103A North Foundation Hall
2200 N. Squirrel Road
Rochester Road MI 48309
248-370-3266 fax 248-370-4327

Professional Signature and Date:

Print Name:

License #:

Address: