

## Concordia University - Nebraska

### REQUEST FOR INFORMATION

(to be completed by student's doctor, therapist, or other qualified professional)

Student's Name: \_\_\_\_\_

Re: Proposed Emotional Support Animal (if identified):

Name of animal: \_\_\_\_\_

Type of animal: \_\_\_\_\_

Age of animal: \_\_\_\_\_

**Please read the following information carefully and answer as completely as possible.**

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) 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. Generally, we accept documentation from providers in the State of Nebraska 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.

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.

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

#### **Information About the Student's Disability**

*(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")*

Does the student have a disability, under this definition? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

Does the student require ongoing treatment?

Please identify if the student is using any measure(s) (e.g. prescriptions, treatment, therapy, etc.) that mitigates the limitations caused by his/her impairment(s) and, if so, if the mitigating measure(s) eliminates the substantial limitations:

Please explain how the accommodation is necessary for the student in University housing as compared to a person without a disability:

**Information About the Proposed ESA**

(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.)

Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

What symptoms will be reduced by having the ESA?

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

**Importance of ESA to Student's Well-Being**

In your professional opinion, how important is it for the student's wellbeing that the ESA be in residence on campus?

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in the University housing. Has s/he shared those restrictions with you?

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? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed an accompanying form indicating written permission to share additional information with us in support of the request.

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:

Concordia University  
Disability Support Services  
800 N. Columbia Ave.  
Seward, NE 68434  
FAX: 402-643-4218

**Provider Contact Information**

Name (please print) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX and/or Email address: \_\_\_\_\_

Professional Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_