



COUNSELING AND STUDENT
ACCESSIBILITY SERVICES

Psychological Disability Documentation for Emotional Support Animal (ESA)
Instructions and Documentation Submission Form

Student Instructions and Information:

1. Students must submit medical documentation of a Psychological Disability from a qualified provider (psychiatrist, psychiatrist nurse practitioner, psychologist, LPC, LCSW, LMFT) to Accessibility Services. You may do so by having your qualified provider complete this form or by submitting a letter from a qualified provider that includes all the information requested in this form. Letters from qualified providers must be on letterhead from the provider's practice and must include the provider's wet signature, title, identifying credentials (e.g., license number), and contact information.
2. Documentation of a Psychological Disability must be current (**3 years old or less**). Less recent documentation may be submitted for review but may not be accepted if it fails to adequately indicate current functioning.
3. Students should submit the required documentation with initial online application, prior to the initial intake meeting with Accessibility Services since documentation and reasonable accommodations are discussed at that time.
4. How often documentation must be updated will be determined by Accessibility Services based on the student's individual circumstances.
5. Documentation may be submitted through the Student Health Portal at asurams.studenthealthportal.com

To be Completed by Student:

Last Name: _____ First Name: _____ Middle: _____

Date of Birth (MM/DD/YYYY): _____ ASU RAM ID: **900** _____

Cell Phone: _____ Alternate Phone: _____

RAM Email: _____

Status (Check One): _____ Current Student _____ Transfer Student _____ Prospective Student

Campus Address: _____ City: _____ State: _____ Zip Code: _____

To be Completed by Provider:

To establish eligibility for reasonable accommodations, residential students must meet the legal requirements for an ESA under the Fair Housing Act (FHA) and submit current, comprehensive medical documentation that clearly supports the presence of a disability.

Documentation **must be provided by a qualified provider whose training and credentials align with the diagnosed condition.** This information is essential for identifying functional limitations and determining reasonable accommodations.

Documentation must show **ALL** the following:

1. The individual has a physical or mental impairment, has a record of such an impairment, or is regarded as having such an impairment
2. The impairment substantially limits one or more major life activities or bodily functions.
3. The individual needs the specific animal requested because it performs a job or task, provides assistance, or performs at least one task that benefits the person because of their disability, or because the animal provides therapeutic emotional support to alleviate a symptom or effect of the disability of the individual, and not merely as a pet.

THIS FORM SHOULD ONLY BE COMPLETED BY A QUALIFIED HEALTHCARE PROVIDER WHO IS IN A POSITION TO KNOW ABOUT THE STUDENT'S DISABILITY.

1. Client/Patient's Name: _____
2. Describe the nature of your professional relationship with the client/patient involving the provision of psychiatric, therapy, or disability-related services. _____

3. Please share the length of time that you have been working with the client/patient and provide dates of evaluation/service. _____

4. Describe the animal for which a reasonable accommodation is requested, including its **name**, **species** (*i.e., cat, dog*), **breed** (*chihuahua, maltese, poodle, etc.*), **age**, and **weight**._____
- _____
- _____
- _____
- _____
5. Provide relevant information regarding the client/patient's physical or mental impairment(s), including the substantial limitations impacting one or more major life activities._____
- _____
- _____
- _____
- _____
6. How long is the client/patient's condition, as described above, expected to persist?
- | | | | | |
|-----------|--------------|-------------------|-------------|----------|
| Temporary | 0 – 6 months | 6 months – 1 year | 1 – 5 years | Lifelong |
|-----------|--------------|-------------------|-------------|----------|
7. Describe the tasks, assistance, benefits, and/or emotional support the animal provides, including the **specific symptoms or effects** of the client/patient's disability that are alleviated._____
- _____
- _____
- _____
- _____
8. Have you discussed the responsibilities of caring for an animal in a confined space while engaged in college activities and living in campus housing. Could these responsibilities potentially exacerbate the client/patient's symptoms?_____
- _____
- _____

9. Describe other healthy coping strategies or alternatives that would support the client/patient's well-being while attending the University. _____
- _____
- _____
- _____

ATTENTION PROVIDER: Please complete the following information:

By signing below, I certify that, in my professional judgement, my client/patient has a disability as defined by the ADA. The individual's condition substantially limits one or more major life activities. The prescribed animal is not a pet and is necessary to assist the individual in managing their disability. The animal provides meaningful support that helps alleviate the symptoms or effects of the disability in a positive and beneficial way.

Provider Name: _____

Title: _____

License #: _____

Practice Name and Address: _____

Phone: _____ Fax: _____

Email: _____

Provider Signature (**Wet Signature Required**): _____

Date of Signature: _____