

Oakland University
Disability Support Services (DSS)
REQUEST FOR INFORMATION
for Emotional Support Animal (ESA)

Student Name:

Grizzly ID#:

Type and age of animal:

Date of Request:

Section One: Student Acknowledgment

To be read and signed by the student.

Some websites sell certificates, registrations and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Such documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal. Oakland University requires a student to have an ongoing established and therapeutic relationship with the clinician providing the documentation.

Student Signature (required):

Section Two: Information About the Student's Disability

To be completed by a licensed clinician.

Documentation required to verify the condition, severity and functional limitations includes completion of this form or provision of equivalent information on official letterhead by a licensed psychologist, neuropsychologist, psychiatrist or other licensed treating clinician. Professionals completing this form must have firsthand knowledge of the condition, experience in working with students with disabilities and ideally a familiarity with the physical, emotional and cognitive demands experienced by students in an academic setting. Diagnoses of disabilities documented by family members are unacceptable. We may also ask for more documentation if needed.

The American Psychological Association states that only professionals with comprehensive knowledge, skills and attitudes regarding therapeutic human-animal interactions, animal-related behavior and a thorough knowledge of the policies surrounding ESAs are operating within the scope of their practice when documenting a need for an ESA.

Do you meet these criteria?

YES or NO (please circle one)

Clinician Signature (required):

Diagnosis:

DSM or ICD Codes:

Date of Onset:

Date of Diagnosis:

Date of client's last appointment:

How often does the client receive treatment?

How many mental-health-specific sessions related to this request?

What symptoms/challenges continue to impact the client's daily functioning?

Would this student be unable to live in university housing without the ESA? Why or why not?

Section Three: Information About the Proposed ESA

What is the prescribed animal?

Is an ESA a critical element of the current treatment plan you have developed with the individual?
Please explain.

For how long has the animal been a prescribed part of the current treatment plan?

How does an ESA reduce or alleviate current symptoms and better manage the individual's disability?
Include the relationship or nexus between the client's disability and the assistance the animal provides.

Section Four: 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 completing this form. We may contact you for additional information. 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 require that we carefully consider the impact of an ESA request on the student and the campus community.

To the certifying professional: Please provide your contact information, sign and date this form, and return to the DSS office at Oakland University (see below). Thank you!

Certifying Professional's Printed Name:

Signature:

Credentials/Specializations:

License Type:

License #:

State:

Exp. Date:

Mailing Address:

Phone Number:

Email:

Disability Support Services

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