

**REQUEST FOR INFORMATION Re: Emotional Support Animal**

Student's Name: \_\_\_\_\_ CSU ID # \_\_\_\_\_

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

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

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.

We will accept documentation from providers in the State of Georgia or the student's home state

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.")*

DSM-V diagnosis: \_\_\_\_\_

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

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

Does the student require ongoing treatment? \_\_\_\_\_

How will the student acquire ongoing treatment while enrolled at Columbus State University?

\_\_\_\_\_

**Information about the Proposed ESA**

Is this an animal 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 opinion, how important is it for the student's well-being that the ESA be in residence on campus?

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

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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:

Joy Norman, Director, the Center for Accommodation and Access

[Norman\\_joy@ColumbusState.edu](mailto:Norman_joy@ColumbusState.edu)

Office: 706-507-8757

Fax: 706-507-8758

[www.ColumbusState.edu/Disability](http://www.ColumbusState.edu/Disability)

**Contact information:**

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Print name: \_\_\_\_\_

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