



ACCESSIBILITY AND DISABILITY RESOURCE CENTER
The UNIVERSITY of OKLAHOMA

Accessibility and Disability Resource Center
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REQUEST FOR INFORMATION Re: Emotional Support Animal

Release Authorization

I hereby authorize _____ to release the medical information requested herein to the Accessibility and Disability Resource Center at The University of Oklahoma for the purposes of determining my eligibility for disability related services and / or academic accommodations.

Print Name: _____

ID: _____

Date of Birth: _____

Date: _____

Signature: _____

The above-named student has indicated that you are the physician, psychiatrist, or mental health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall at The University of Oklahoma 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 Oklahoma, or the student's home state, who have had an ongoing therapeutic relationship with the student.

Please answer the following questions:

MEDICAL DOCUMENTATION FORM

To be filled out by Medical or Health Care Provider
(Please Print Legibly)

Provider Name:

Credentials:

Please answer the following questions as completely as possible.

Are you the primary care physician or therapist/counselor for this patient?

☐ Yes ☐ No

How long have you treated this patient?

Date of last visit:

Frequency of visits:

Medical Diagnoses/Prescribed Medications: Please include DSM-IV-TR or DSM-5 codes:

Proposed ESA:

Animal's Name:

Type of Animal:

Age of Animal:

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.")

Describe the specific nature of the student's mental health impairment and symptomology.

Does the student require ongoing treatment? If so, please describe.

What other interventions have been used?

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 living on campus?

What specific symptoms will be reduced by having the ESA?

Is there evidence that this 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 this specific ESA be in residence on campus? What consequences, if any, 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?

Do you have specialty evaluations or reports (e.g., neuropsychological, psychiatric, visual, hearing, speech, physical therapy, occupational therapy, etc.) on this patient? ☐ Yes ☐ No **If yes, please include a copy**

Is the student requesting other accommodations or considerations in the academic environment? ☐ Yes (please explain) ☐ No

Please use this additional space to provide any other information you believe will be helpful to us in assisting your patient in his / her academic endeavors at the University:

Names/roles of those completing form on behalf of Provider:

Provider's Signature

Date

Provider's Telephone:

Alternate Contact Person for Professional (Front desk, nurse, etc.)

Alternative Contact Telephone:

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 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.