

**Educational (Disability) Support Services [Emotional Support Animal (ESA) Request Form]**

Student Name:

Student Date of Birth:

Proposed ESA

Type of animal:

Age of animal:

The above-named student has indicated that their **licensed health care provider** supports having an emotional support animal reside in the student's university housing. A licensed health care provider may be a psychologist, psychiatrist, social worker, mental health counselor, or other appropriate licensed health care provider who can confidently assess the above-named student's well-being and benefit from an ESA.

The **licensed health care provider** is to answer the following questions *in detail*. *Information lacking in scope and depth in making a clear nexus between the disability symptomology and the benefits provided by the animal may hinder the university from determining eligibility of the accommodation.*

**Responses to section A., B., and C. must be typed on letterhead, signed and dated.**

(Please do not attempt to handwrite within the minimal whitespace; handwritten responses will not be accepted). Please answer all question components:

**A. Student disability:**

1. What is the nature/ diagnosis of the student's disability? Include DSM diagnostic code. How is the student substantially limited in one or more major life activities? What is the level of severity and pattern of occurrence?
2. How long have you been working with the student regarding this mental health diagnosis? Please include the date the condition was first diagnosed and frequency of treatment.
3. Does the student require ongoing treatment(s) and what type(s)?
4. Are you currently working with the student in treatment and in what capacity? If you are no longer working with the student, please indicate the last date of treatment and why you no longer see the student.

**B. Proposed ESA:**

1. Is this an animal that you specifically prescribed as part of treatment for the student that you believe will have a beneficial effect for the student while in residence on campus? What benefit do you believe the student will gain from the animal?
2. What symptoms will be reduced by having the ESA?
3. What evidence is there that an ESA has helped this student in the past or currently?

**C. Importance of ESA to Student's Well-Being:**

1. 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 housing accommodation is not approved?
2. Have you discussed the responsibilities and duties 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, and if so, how?

**Thank you for taking the time to complete this form.** Whitworth University recognizes that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, while 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.

**References:**

- Whitworth University: [Campus Animal Policies](#)
- ADA National Network: [Service Animals v. Emotional Support Animals: Where they are allowed and under what conditions](#)

**D. Submit this form and typed responses via mail, fax, or email:**

Whitworth University  
c/o Educational Support Services Office (HUB 241)  
300 W. Hawthorne Road, Spokane, WA 99251  
Phone: 509-777-3380, 509-777-3806, Fax: 509-777-3821, Email: [ess@whitworth.edu](mailto:ess@whitworth.edu)

**Provider Name and Credentials:**

Provider Address:

Provider Telephone and Fax:

Provider Email Address:

*(You may attach business card)*

Provider Signature:

Provider License#:

Date: