

Emotional Support Animal Request for Information

The Disability Center at the University of Missouri-Columbia is charged with determining students' eligibility for emotional support animals within MU's Residential Life facilities. The purpose of an ESA is to have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability.

The purpose of this form is to assist medical providers documenting a student's relevant disability information for determining eligibility for an emotional support animal. **Note:** While we do not require this specific form to be completed, documentation provided to the office must include the information within this form.

This form should be:

- ***Completed by a qualified professional.***
 - These professionals generally are trained, certified, or licensed to diagnose and/or treat mental health conditions, such as psychiatrists, social workers, therapists, or medical doctors.
 - The diagnosing professional should not be related to the student.
 - Generally, we accept documentation from providers in the State of Missouri or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.
- ***Completed as thoroughly as possible.*** Incomplete information, inadequate responses, or illegible handwriting may delay the accommodation review process. The information listed within this form should reflect the most up-to-date information about the student.
- ***Supplemented with any information you feel would be relevant in determining the student's eligibility for an emotional support animal.***
- ***Submitted to the Disability Center*** where it will be held securely and confidentially in the student's file. Please note that the information provided in this form may be shared or released to the student upon request.

To return this form, you may mail, fax, or email it to:

Disability Center
University of Missouri
S5 Memorial Union
Columbia, MO, 65211
Email: disabilitycenter@missouri.edu
Fax: (573) 884-5002

Emotional Support Animal Documentation

Student Name (First and Last)

____/____/____
Date of Birth

Student University ID# (if known)

Proposed ESA (if identified) _____

Type of Animal _____ Age of Animal _____

Information About the Student's Disability

Is student receiving ongoing treatment through you as a provider?

When did you **first** meet with the student regarding this mental health diagnosis?

When did you **last** interact with the student regarding this mental health diagnosis?

Information About the Proposed ESA

Is the animal named here one that you specifically prescribed as part of a treatment plan for the student while in residence on campus?

Information About the Proposed ESA (continued)

What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

Is there evidence that an ESA has helped this student in the past or currently?

Have you discussed responsibilities for properly caring for the ESA?

Qualified Professional Information

Provider Name (Print) _____

Title _____

License or Certification # _____

Address _____

Phone _____

Fax _____

Provider Signature: _____

Date ____/____/____