

Please TYPE or PRINT to complete this form.

The student, whose name and signature are below, is currently under your care. As the diagnosing health professional, you have prescribed an Emotional Support Animal (ESA) and can attest to a medical diagnosis that warrants the use of an ESA. This document is required so that we may better evaluate the request for this accommodation. Please answer the questions below. Please consider this signed form as authorization to release this information to the Office of Accessibility Resources & Accommodations at Saginaw Valley State University.

Student Name: _____ Student Birth Date: _____

Student ID#: _____ Student Signature: _____

INFORMATION ABOUT THE STUDENT'S DISABILITY

THIS FORM SHOULD ONLY BE COMPLETED BY THE DIAGNOSING CLINICIAN

Date of First Contact: _____ Date of Last Contact: _____ Date of Diagnosis: _____

Please describe the nature of the student's disability:

In which areas (impact, cognitive, perceptual, or physical abilities) would this ESA alleviate the owner/student's disability-related need?

Are there alternative treatments to an ESA that may partially or fully alleviate the owner/student's disability-related need and enable the student the full enjoyment of Residential Life? If so, what are those alternatives and why is an ESA being diagnosed at this time?

INFORMATION ABOUT THE PROPOSED ESA

Animal Name: _____ Breed: _____

Weight: _____ Height: _____ Color: _____ Age: _____

Date the animal was procured by the student: _____

PROFESSIONAL CREDENTIALS

Name/Title: _____

License/Certification Number & State of Licensure: _____

Address: _____

Phone: _____ Fax: _____ Date: _____

Signature of certifying professional: _____