

OBERLIN

COLLEGE & CONSERVATORY

Office for Disability & Access

REQUEST FOR INFORMATION: RE: Emotional Support Animal

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

The healthcare provider need not use this specific form, but all the information requested herein is necessary for the Office for Disability & Access (ODA) at Oberlin College and Conservatory to have in order to consider the request for an ESA. The form is provided as a convenience.

Upon completion, please submit the form by email (ODA@oberlin.edu) or fax ([440-775-5589](tel:440-775-5589)).

Please complete in full and return all pages.

Section I (to be completed by the Student requesting an ESA)

By signing below, I consent to allowing my healthcare provider to share any information relevant to my need for an ESA as an accommodation (as shown on this form) with personnel from the ODA for the next 60 days.

Student's Name:

Student's Signature:

Date:

Re: Proposed ESA* (if identified, provide the information below)

Name of Animal	
Type of Animal	
Age of Animal	
How long has this animal served as your ESA?	

*** An ESA must meet local health ordinances and be housebroken before being brought in to residence**

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Section II (to be completed by the Medical Provider)

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we accept documentation from providers in the State of Ohio 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.

Certifying Licensed Medical or Mental Health Professional

By signing below, you are verifying that you were solely responsible for completing this form, the information reflects your responses to the questions, you are treating this student, and are not a relative of the student.

Name:	Title:
Area(s) of Specialization:	
Phone Number:	Fax Number:
State of Licensure/Certification:	License/Certification Number:
Provider Signature:	Date:

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (above) indicating written permission to share additional information with us in support of the request.

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.

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Please complete in full and return all pages.

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STUDENT NAME: _____

INFORMATION ABOUT THE STUDENT'S DISABILITY

Federal Law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation).

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

Does the Student require ongoing treatment?

Yes

No

If yes, please explain:

When did you first meet with the Student regarding this mental health diagnosis? *(Please provide date)*

When did you last interact with the Student regarding this mental health diagnosis? *(Please provide date)*

Information about the Proposed ESA:

135 W LORAIN ST | WILDER HALL, ROOM 112 | OBERLIN, OH 44074-1091 USA

(P) 440.775.5588 (F) 440.775.5589 | WWW.OBERLIN.EDU/DISABILITY-ACCESS

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* Please note that there are some restrictions on the kind of animal that can be approved for the residence hall *

Is the animal named here one that you can specifically prescribe 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 specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA? (Describe specific symptoms/mitigating factors below)

Is there evidence that an ESA has helped this Student in the past or currently? Please explain.

In your professional opinion, how important is it for the student's functioning that an ESA be in residence on campus?

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What consequences, in terms of disability symptomatology, 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? (if you have not had this conversation with the Student, please write "N/A")

Upon completion, submit the form by email (ODA@oberlin.edu) or fax (440-775-5589).

Please do not hesitate to contact our office (phone: 440-775-5588) with any questions or concerns.

Your assistance with our evaluation of the student's request is greatly appreciated.