

Emotional Support Animal Provider Documentation Form

1. Student Requesting Accommodations

Name: _____ Student ID: _____

Contact Phone Number: _____ Date of Birth (MM/DD/YYYY): _____

2. Authorization of Release of Information (REQUIRED)

By signing below, I authorize the Accessibility Resource Office (AARO) to receive documentation and information, relevant to my request for an ESA accommodation, from my provider who I have listed below. I also authorize my provider to discuss my condition(s) and the documentation and information provided with the appropriate Indiana State University personnel on an as-needed basis. This information is kept confidential. Typing name and date into the form constitutes an electronic signature.

Provider Name: _____ Provider Phone Number: _____

Provider Address: _____

Provider City: _____ Provider State: _____

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Original Signature Required. Parent/Guardian signature is only required if student is under 18 when the document is submitted

3. Information for Provider

The above-named student is providing you with this document because they have requested an Emotional Support Animal (ESA) accommodation in University Housing at Indiana State University. In order to determine the student's eligibility for the requested accommodation, AARO needs documentation that helps us understand the student's functional limitations in the residential environment and how an ESA will alleviate their disability symptoms. As the student's provider, the student is asking that you write something that covers each of the following points. Accommodations are determined on case-by-case basis, so please provide as much detail as possible so that AARO staff will have all the information needed to understand the disability-related needs of this student.

To determine housing accommodation consideration, Indiana State University requires current and comprehensive documentation of the student's condition from a licensed clinical professional or healthcare provider familiar with the history and functional limitations of the student's condition(s). The provider completing this form cannot be a relative of the student.

Please attach any additional sheets, other information, evaluations, etc. which are relevant to the student's current condition and supports the student's request for an academic or housing accommodation at Indiana State University.

4. Provider should completely respond to the following:

Diagnosis and Names of relevant tests and results: Establish how the practitioner arrived at the diagnosis and the medical or mental health impairment by a recognizable diagnosis; preferably from the ICD or DSM-5, most recent revisions

4. Provider should completely respond to the following: (continued)

Date first diagnosed and methods of treatment: Establish an initial date when a diagnosis was made or when the certifying practitioner accepted a previous diagnosis and began treatment and include a brief explanation of current use of the ESA in therapy, therapy frequency and/or any medication.

Severity of disability: Establish the extent to which the disability substantially limits a major life activity.

Functional limitations/substantial limitations: Explain the functional and substantial limitations from the impairment that may adversely affect the individual in university housing.

Recommendations: Make recommendations based on the limitations described above within the university residential environment on how an ESA would alleviate these limitations. Please note that a practitioner's recommendation for a specific accommodation does not automatically result in approval of that accommodation.

5. Provider Signature

Print Name: _____ Title: _____

License or Certification: _____ State: _____

Provider Signature: _____ Date: _____

Original Signature Required

Date Received:	Received by:
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Contact The Accessibility and Advocacy Resource Office with questions at ISU-AARO@indstate.edu or call the office coordinator at 812-237-3829
AARO Fax Number: **812-237-4693**