

Academic Resource Hub . Accessibility Services

Easton, Pennsylvania 18042-1773 USA • TEL 610-330-5098 • FAX 610-330-3065 • hub.lafayette.edu

Note: ESAs may not be brought to the residence hall until official approval has been given from Accessibility Services. Please submit all necessary information with enough lead time to allow the office to fully consider your request.

Student: Please complete information at the end of this form under "STUDENT" before providing it to your mental

health provider t	o complete
	Emotional Support Animal (ESA) Request Form
•	rovider need not use this specific form, but all of the information requested here is necessary for the order to consider the request for an ESA; the form is provided as a convenience)
Student's Name:	
Student's Email:	
Animal (ESA) in the the student's men	student has indicated that you are the health care provider who has suggested that having an Emotional Support residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of tall health disability. Generally, we prefer documentation from providers in the State of Pennsylvania or the ate who have personal knowledge of the student, consistent with their professional obligations.
answers certain housing provide accommodation otherwise know reliably establis	sell certificates, registrations, and licensing documents for assistance animals to anyone who a questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a ter may request reliable documentation when an individual requesting a reasonable in has a disability and disability-related need for an accommodation that are not obvious or who. In HUD's experience, such documentation from the internet is not, by itself, sufficient to sh that an individual has a non-observable disability or disability related need for an assistance at from 2020 HUD Guidance)
So that we may be	tter evaluate the request for this accommodation, please answer the following questions:
	the Student's Disability
	s a person with a disability as someone who has a physical or mental impairment that <u>substantially limits</u> one or ivities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial
•	s the nature of the student's mental health impairment (that is, how is the student <i>substantially limited</i> ?)



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Documentation of disability must come from a source with sufficient direct personal knowledge of the individual to clarify

the need to for the ESA and the nexus between the disability and the presence of the animal in housing. What date (day, month, year) did you first meet with the student regarding this mental health diagnosis? What is the nature of your meetings? face-to-face meetings virtual interaction What date (day, month, year) did you last interact with the student regarding this mental health diagnosis? How often have you seen the student (or plan to see the student) for further counseling/treatment? weekly monthly other - please specify What specific symptoms is this student experiencing, and how will those symptoms be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that "The animal alleviates anxiety" is too general and does not explain HOW the animal may alleviate the symptoms of this student's disability Information About the Proposed ESA Note: there are some restrictions on the kind of animal that can be approved for the residence hall. It is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named. Re: Proposed ESA (if identified) Name Type of animal Age of animal Size of the cage/crate needed for containment:



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Dogs and cats are most often requested as ESAs, and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.
Is the animal named here one that you specifically prescribed 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?
Is there evidence that an ESA has helped this student in the past or currently? If not, why do you believe this may be an effective support for the student now?
Importance of ESA to Student's Well-Being
In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomatology, may result if the accommodation is not approved?
Please address the likely impact on the student should the following scenario occur: once the student is living with the animal in the student housing unit, the animal is permanently removed from the unit because of a violation on policy (e.g. the animal injuries someone or destroys property) and balance this impact, if any, against the benefit that you expect the animal to provide to the student.



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This student was provided with a copy Lafayette College's Emotional Support Animal Policy which outlines the rules and restrictions surrounding presence of an ESA in College housing. Has the student those restrictions with you?	the
YES NO	
Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities an 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, we will discuss with the student at a later date.)	
Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. I named student has signed this form (below) indicating written permission to share additional information with us in suppof 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 request for an ESA on both the student and the campus community.	
Please provide contact information, sign and date this questionnaire (below), and return directly to Lafayette College, Accessibili Services.	ty
Lafayette College, Accessibility Services 300 Scott Hall Easton, PA 18042 resourcehub@lafayette.edu	
Phone: 610-330-5098 Fax: 610-330-3065	
CONTACT INFORMATION	
Name:	
Address:	
Telephone:	
Email address:	
Professional Signature:	



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Type of License

Today's Date:

STUDENT

STUDENT (please sign this form before providing it to your mental health provider to complete)
By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form with personnel from Lafayette College Accessibility Services office for the next 60 days.

Signature

Date