



Emotional Support Animal Documentation Request Form

Wartburg College is committed to supporting students with disabilities by allowing Emotional Support Animals (ESAs) when necessary for a student to be able to use and enjoy their residential living space. ESAs, also commonly called assistance, companion, or comfort animals, broadly refer to animals who provide their caretakers with comfort and relief from the impacts of mental health disabilities by virtue of the animal's nature and presence, without specialized training. The Fair Housing Act defines and protects ESAs as a reasonable housing accommodation, including within campus housing environments.

The process of requesting housing accommodations on campus is explained in Wartburg College's Reasonable Housing Accommodation Policy. **To request an ESA, students must submit an Emotional Support Animal Documentation Request Form to Disability Services.** The student requesting an ESA completes Section A. The student's treating professional completes Sections B and C. All sections must be complete for an ESA request to be considered.

Documentation must prove that the requested ESA is necessary for the student to use and enjoy their residential living space; in addition, there must be an identifiable relationship between the student's disability and the requested ESA. The treating professional completing the form must specialize in a field consistent with the student's diagnosis, be familiar with the student's disability, and the necessity for the requested ESA. Documentation must be provided by a non-family healthcare provider.

Section A: Student and ESA Information

Section A must be completed by the student requesting an ESA.

Student Name: _____ Student ID #: _____

Wartburg E-Mail: _____ Class year: 1Y 2Y 3Y 4Y+

Proposed Type of ESA: _____ Age of ESA: _____

I authorize Wartburg College to receive information from my licensed physician, psychiatrist, or mental health professional named herein _____, specifically regarding my request for an emotional support animal as an accommodation.

Student Signature: _____ Date: _____

Section B: Treating Professional Information

Section B must be completed by a licensed physician, psychiatrist, or mental health care provider familiar with the history and functional limitations of the student.

Date of initial contact with student: _____ Date of last office visit with student: _____

Treating Professional Information (to be completed by treating professional):

Printed Name of Treating Professional

Professional Signature

Address

Telephone Number

FAX and/or E-Mail Address

License #

Date

Section C: Treating Professional's Letter

Section C must be completed by a licensed physician, psychiatrist, or mental health care provider familiar with the history and functional limitations of the student.

The above-named student has requested an emotional support animal at Wartburg College and has indicated that you are their licensed physician, psychiatrist, or mental health care provider. The student has requested an emotional support animal in the residence hall in order to help alleviate one or more of the identified symptoms or effects of the student's disability. A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities". So that we may better evaluate the request for this accommodation, please answer the following questions and provide documentation in the form of a letter on professional letterhead. Complete information will better assist us in the decision-making process for the request:

- 1) Does the student have a disability that substantially limits one or more major life activities? If yes, please explain.
- 2) Does the student require ongoing treatment? Is the animal named here one that you specifically prescribed as part of the student's treatment plan?
- 3) How does the animal assist the student? What symptoms will be reduced by having an ESA?
- 4) Does the student have an existing relationship with the proposed ESA?
- 5) Is there evidence that an ESA has helped this student in the past or currently?

[Please attach the treating professional's letter to this completed form]

Once sections A through C are completed, please submit the completed form (with treating professional's letter) to:
Nicole Willis, Academic Resource Center, Disability and Access Coordinator, 100 Wartburg Blvd, PO Box 1003,
Waverly, IA, 50677-0903.