Seattle University Logo


Request for Information Regarding Emotional Support Animal

Student’s Name:

Animal’s Name:

Species of animal:       Age of animal:

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. Generally, we accept documentation from providers in the State of Washington or the student’s home state. Letters purchased from the internet for a set price or that do not allow for follow-up consultation rarely provide the information necessary to render a decision on an ESA request.

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 or 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.

**So that we may better evaluate the request for this accommodation, please answer the following questions:**

# Information About 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.”)

What is the nature of the student’s disability?

What are the student’s functional limitations in an educational residential/dorm setting? Please be specific.

When did you first meet with the student regarding this diagnosis?

Are you providing ongoing treatment? If so, how often are you meeting?

# Information About the Proposed ESA

(Please note that 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.)

Is the animal named above one that you specifically prescribed as part of treatment for the student? If no, how did the animal become part of the students treatment plan?

How are the student’s symptoms reduced by having an ESA? Please be as specific as possible.

What evidence do you have that an ESA has helped this student in the past or currently? Please describe.

# Importance of ESA to Student’s Well-Being

In your opinion, why is it important for the student’s well-being that an ESA be in residence with them on campus?

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Do you believe the responisibilities associated with properly caring for an animal while engaged in typical college activities and residing in on-campus housing might exacerbate the student’s symptoms in any way? Why or why not?

Have you discussed animal care responsibilities with the student? (If you have not had this conversation with the student, please do so before completing this form.)

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date.

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 the student, animal, and campus community.

Please provide contact information, sign and date this questionnaire, and return via email: [DS@seattleu.edu](mailto:DS@seattleu.edu), mail:Disability Services: 901 12th Ave, Seattle WA 98122, or fax: (206) 296-5747.

Name:       License #:

Address:

Telephone:       FAX and/or Email address:

Signature\*: Date:



\*Digital signature, signature with drawing tool, or typed name accepted as e-signature.