

MUSKINGUM

U N I V E R S I T Y

Disability Education Office

Emotional Support Animal – Request for Information

Student/Handler Name: _____

Type of animal: _____

Greetings! The student/handler identified above has requested the assistance of an emotional support animal (“ESA”) in the student/handler’s residence hall to help alleviate one or more identified symptoms or effects of the student/handler’s disability.

Muskingum University requires confirmation of the information below from a physician, psychiatrist, or licensed social worker or mental health counselor in the state of Ohio or in the student’s home state. To help the University evaluate the request for this accommodation, please answer the following questions:

- Does the student/handler have a disability, which is defined as a physical or mental impairment that substantially limits one or more major life activities?

Yes

No

- Does the student/handler making the ESA request have a disability-related need for an assistance animal? For example, does the ESA work, provide assistance, perform tasks or services for the benefit of the student/handler with a disability, or provide emotional support that alleviates one or more of the identified symptoms or effects of the student/handler’s existing disability?

Yes

No

- Date of last office visit: _____

Please return this form to the office indicated below. If we need additional information, we may contact you at a later time. Thank you for your assistance.

Provider Signature: _____

Provider Name: _____

License #: _____ State: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____

Fax or Email: _____