

DTS Emotional Support Animal Accommodation Request Form
(completed by student for self or for family member living in campus housing)

Name of student: _____ Student ID: _____

If the accommodation is for someone other than the enrolled student, please explain:

When was the disability diagnosed? _____

How will the animal assist the person diagnosed? _____

What species of animal is prescribed? _____

Off-campus contact designated to care for the animal in case of an emergency:

Name of off campus contact: _____

Relationship to student: _____

Phone number of off campus contact: _____

Signature of student: _____ Date: _____

DTS Emotional Support Animal Documentation Form

(completed by student's treating psychologist, psychiatrists, LPC, medical doctor, or other qualified individual not related to student and not employed by DTS)

Name of student: _____

I authorize Dallas Theological Seminary to receive information from my health care provider. I also authorize my provider to discuss my condition with the appropriate and qualified Dallas Theological Seminary personnel on an as needed basis.

Student signature: _____ Date: _____

Name of treating professional: _____

State of license and license number: _____

Office phone number: _____

Office physical address: _____

[The health care provider need not use this specific form, but all information requested here is necessary for the institution to have in order to consider the request for an ESA; the form is provided as a convenience.]

Date of initial contact with patient: _____

Date of last office visit with patient: _____

Is this patient currently under your care? Yes No

Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the student's mental health impairment (that is, how is the student substantially limited)?

In your opinion, how important is it for the student's well-being that an ESA be in campus housing? What consequences, in terms of disability symptomology, may result if the accommodation is not approved? There must be an identifiable relationship between the patient's disability and the accommodation being requested.

Is there evidence that an ESA has or is helping this person?

Signature of professional: _____ Date: _____