REQUEST FOR INFORMATION Re: Emotional Support Animal

Student’s Name: ______________________
Student’s Email: ______________________  Student’s Contact Phone #: _________________

The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student’s mental health disability. Generally, we prefer documentation from providers in the State of New Mexico or the student’s home state who have personal knowledge of the student, consistent with their professional obligations.

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

Information About the Student’s Disability
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?)

Documentation of disability must come from a source with sufficient direct personal knowledge of the individual to clarify the need for the ESA and the nexus between the disability and the presence of the animal in housing.

When did you first meet with the student regarding this mental health diagnosis? ______________
What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)? ______________
When 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? ______________.
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: ___________________

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 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?

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 of policy (e.g. the animal injures someone or destroys property) and balance this impact, if any, against the benefit that you expect the animal to provide to the student.
Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and 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. The named student has signed this form (below) indicating written permission to share additional information with us in support of 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 the request for an ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire (below), and return it to (institutional contact info).

Contact information: Student Access Services  
Address: 801 Leroy Place, Fidel Center 245, Socorro, NM 87801  
Telephone: 575-835-6451  
FAX and/or Email address: 575-835-5899 access@nmt.edu

Professional Signature: __________________
Type of License: ______________________
License #: __________________
Date: _______________

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 the SAS office) for the next 60 days.

____________________        ____________________
Signature    Date