

Request for Information: Emotional Support Animal (ESA)

NOTE: ESAs may not be brought to campus until official approval has been given from the Office of Accessibility Services (OAS) **and** the Office of Residence Life (ORL). Please submit all necessary information to allow the offices to fully consider your request.

Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that are not obvious or otherwise known.

In HUD's experience, such documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal. (Excerpt from 2020 HUD Guidance)

We understand that having an ESA in the residence hall can offer therapeutic support through companionship to individuals with psychiatric and psychological disabilities. However, due to the practical limitations of our housing arrangements, it is essential to carefully consider the impact of the request for an ESA on both the student and the broader campus community.

The health care provider is not required to use this specific form; however, all the information requested is essential for the institution to evaluate the request for an ESA. This form is provided solely for convenience. Generally, we prefer documentation from providers in the State of Maryland or the student's home state who have personal knowledge of the student, consistent with their professional obligations.

SMCM Student Name:

SMCM Student ID:

The above-named student has indicated that you are the health care provider who has suggested that having an 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. So that we may better evaluate the request for this accommodation, please answer the following questions:

Information About the Student's Disability

1. 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. How is the student **substantially limited** by their diagnosis?
2. When did you first meet with the student regarding their diagnosis?
3. How often have you seen the student (or plan to see the student) for counseling/treatment?
4. What specific symptoms is this student experiencing?
5. How are these symptoms mitigated by the ESA (or intended ESA)?

Information About the Proposed ESA

Note: There are certain restrictions on the types of animals permitted in the residence hall. While the student may be approved for an ESA based on the information you provide, the specific animal named may not be allowed.

Proposed ESA

Name:

Type of animal:

Age of animal:

Size of the cage/crate needed for containment:

1. 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?
2. Has the student shared a copy of the rules and restrictions surrounding the presence of an animal in residence in St. Mary's College housing with you?
3. 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?

Thank you for taking the time to complete this form. If additional information is needed, we may contact you in the future. The named student has signed this form (below) indicating written consent to share additional information with us in support of their request.

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

Office of Accessibility Services

Glendening Hall 253 & 254
St. Mary's College of Maryland
47645 College Drive
St. Mary's City, MD, 20686

Fax: 240-895-2234
Phone: 240-895-2250
Email: adasupport@smcm.edu

Provider information

Provider name (please print):

Provider signature:

Date:

License or Certification #:

Address:

Phone:

Fax:

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 with the Office of Accessibility Services.

Student signature:

Date: