

# EMOTIONAL SUPPORT ANIMAL VERIFICATION

## Student's Release Statement

In order to provide appropriate reasonable accommodation for the Emotional Support Animal (ESA) being requested, I hereby give my consent for Fresno State's Services for Students with Disabilities office (SSD) to receive, from the person named below (i.e., physician, psychologist, psychiatrist, etc.), pertinent disability information needed to make an informed decision of eligibility, regarding my request for an ESA in University Housing.

## Student Information

Student Name: \_\_\_\_\_ Campus ID: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This release is valid through the academic year: \_\_\_\_\_

## Remainder of Document is Completed by Practitioner

The above-named student has indicated that you are the practitioner (physician, psychiatrist, social worker, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in housing would be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. We will accept documentation from providers in the State of California or the students' home state. To assist us in evaluating the request for this accommodation, please respond to the following questions:

## Student's Disability Information

(A person with a disability is defined by the ADA as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

Diagnosis:

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This diagnosis is considered: ☐ Permanent ☐ Progressive ☐ Temporary End Date: \_\_\_\_\_

What is the nature of the student's mental health impairment (that is, how is the student substantially limited?)

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Does the student require ongoing treatment?

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When did you first meet with the student regarding this mental health diagnosis? \_\_\_\_\_

This meeting took place via: ☐ Phone ☐ In-office visit ☐ Internet / Online Meeting

## Information about the Proposed EAS

ESA Name: \_\_\_\_\_

Type of Animal: \_\_\_\_\_ Age of Animal: \_\_\_\_\_

Is this an animal that you specifically prescribed s part of treatment for this student? \_\_\_\_\_

What symptoms will be reduced by having the ESA?

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Is there evidence that an ESA has helped this student in the past or currently?

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## Practitioner - License and Contact Information

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Professional License Type: \_\_\_\_\_ License #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 housing can be a real benefit for someone with a significant mental health disorder; however, the practical limitations of housing arrangements and the responsibilities inherent in the care of an ESA make it necessary to carefully consider the impact of the request for an ESA on both the student and the housing community.

## PLEASE RETURN THIS COMPLETED DOCUMENT TO:

Services for Students with Disabilities  
California State University, Fresno  
5200 N. Barton Ave. M/S ML 125  
Fresno, CA 93720  
Phone: (559) 278-2811 Fax: (559) 278-4214