



HIGH POINT UNIVERSITY
The Premier Life Skills University

Office of Accessibility Resources and Services

Consent for Information Transfer – Emotional Support Animal

Thank you for taking the time to complete this form. If additional information is needed, OARS may contact you at a later date.

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 High Point University's Accessibility Resources and Services office via uploading to your COMPASS portal or emailing it to the OARS office (OARS@highpoint.edu). If your medical professional has used Adobe to fill out this form, they may hit the submit button at the end, which will attach it to an email addressed to OARS.

Professional Signature: _____ Today's Date: _____

Type of License: _____ License #: _____

Date Licensed: _____ License Expiration: _____

STUDENT (please sign this form before providing it to your mental health provider to complete):

By signing below, I consent to allow my health care provider to share any information relevant to my need for remote participation as an accommodation, as shown on this form, with the Office of Accessibility Resources and Services for the next 60 days.

Signature

Date



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Emotional Support Animal Documentation Criteria

All High Point University (HPU) students requesting to have an Emotional Support Animal (ESA) must register with the Office of Accessibility Resources and Services (OARS) and provide documentation of a disability and specific significant functional impairment(s)* that require accommodations to ensure equal access. To be approved to have an ESA at HPU:

1. Students must register with the Office of Accessibility Resources and Services through [COMPASS](#) with their HPU email.
2. Submit an OARS *Emotional Support Animal* form completed by a licensed professional credentialed in the area related to the diagnosed condition for the requested accommodation.
3. Meet with an Accessibility Specialist to discuss your request and determine appropriate accommodations for equal access through an interactive process. Please call 336-841-9026 to schedule an appointment with your Accessibility Specialist.
4. Fill out the *ESA In Case of Emergency* form and sign the *Rules and Responsibilities of a Resident with an Approved Emotional Support Animal* form found in [COMPASS](#).

Documentation Criteria

Students eligible to have an ESA are approved yearly and must renew their accommodation each year in accordance with housing deadlines. This accommodation is not intended to allow pets on campus but to provide an accommodation that will have a therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability*. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request nor the established relationship with the student on which to base documentation.

The following documentation is not sufficient to authorize an emotional support animal as an accommodation but may be included to assist in the determination of reasonable academic accommodations.

- Individualized Education Plan (IEP)
- 504 Plan
- Psychological Test results

Please submit all documentation to the High Point University Office of Accessibility Resources and Services
Email: OARS@highpoint.edu

* The legal definition of disability is a mental or physical condition that substantially limits a major life activity compared to most people. Substantial in this context is somewhat subjective but means a notable, significant, meaningful limit/difference to the manner in which the individual engages in the activity, the conditions necessary for them to engage in the activity, the duration for which they can engage in the activity or the frequency which they engage in the activity. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and the proper functioning of major bodily systems.

Emotional Support Animal Documentation Criteria

Student's Name: _____

DOB: _____

Proposed ESA (if identified):

Name: _____

Type of animal: _____

Age of animal: _____

The student named above 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 accept documentation from providers in the State of North Carolina or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request nor the established relationship with the student on which to base documentation. Please be diligent in following your professional training, scope of practice, and ethics as a clinician. The information you provide should comprise your professional judgment regarding the student's health status and related needs.

To be completed by a licensed professional:

Provider: _____

Title: _____

Office Name: _____

Office Address:

Phone: _____

Email: _____

Date Licensed: _____

License Number: _____

License Expiration: _____

Today's Date: _____

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

Information About the Student's Disability

1. What is your professional relationship with the student on which you base this recommendation?

2. Is the student/patient currently under your care?

Yes No

a. If yes, duration of care? _____

b. Date of most recent contact? _____

c. When did you first meet with the student regarding this diagnosis? _____

d. Does the student require ongoing treatment? _____

3. What is the student's relevant medical or mental health diagnosis?

4. What major life activity or activities are substantially limited for this student?

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5. How do the above-listed diagnosis and functional limitations create a significant barrier to the student that requires them to have an ESA? Please describe how the student's disability* affects their activities of daily living and functioning, specifically concerning the student's housing experience. What are the student's specific limitations that require an emotional support animal to ensure the student has equal access on campus? (e.g. duration, frequency, intensity, etc.).

Information About the Proposed ESA

Please note that there are some restrictions on the kinds of animals approved for the residence hall. It is possible the student may be approved for an ESA, based on the information provided here, but may not be allowed to bring the specific animal named.

6. Is the animal named here one that you specifically prescribed as part of treatment for the student, or is it an animal that you believe will have a beneficial effect for the student while in residence on campus?

- I specifically prescribed the animal named here as part of the treatment for the student.
- I believe an animal will have a beneficial effect for the student while in residence on campus.

7. Does the student currently have an established relationship with the animal named here?

- Yes
- No

8. What specific symptoms will be reduced by having an ESA?

9. How will the presence of the ESA mitigate those symptoms?

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

- Yes No

a. If yes, please explain: _____

Importance of ESA to Student's Well-Being

11. In your opinion, how important is it for the student's well-being that an ESA reside with them on campus? What consequences, in terms of disability* symptomatology, may result if the accommodation is not approved?

12. If this student followed proper procedures, they were provided with a copy of the rules and responsibilities surrounding the presence of an animal in residence at High Point University (*Rules and Responsibilities of a Resident with an Approved Emotional Support Animal*). Has the student shared those rules and responsibilities with you?

- Yes No

13. Have you discussed the responsibilities of properly caring for an animal while engaged in typical college activities and residing in campus housing? (If you have not had this conversation with the student, we will discuss it during their appointment.)

- Yes No

14. Do you believe those responsibilities might exacerbate the student's symptoms in any way?

- Yes No

a. If yes, please explain: _____

Licensed Professional's Signature

Date Completed

Licensed Professional's Printed Name

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