



HIGH POINT UNIVERSITY
The Premier Life Skills University

Office of Accessibility Resources and Services

Documentation for Emotional Support Animal Accommodations and Consent for Information Transfer

STUDENT CONSENT (Please sign this form before providing it to your medical or mental health provider to complete. OARS will not accept this documentation unless you sign below.):

By signing below, I consent to allow my health care provider to share any information relevant to my need for accessible housing accommodations with the Office of Accessibility Resources and Services. I consent to allow the Office of Accessibility Resources and Services contact my medical provider if additional information is required (please note that FERPA consent will be required as well).

Student's Signature

Date

Student's Printed Name

(Remainder of the form) To be completed by a licensed professional:

Provider: _____ Title: _____

Office Name: _____

Office Address: _____

Phone: _____

Email: _____

Date Licensed: _____

License Number: _____

License Expiration: _____

Today's Date: _____

Student's Name: _____

DOB: _____

Proposed ESA (if identified):

Name: _____

Type of animal: _____

Age of animal: _____

The student above has requested Emotional Support Animal accommodations from the Office of Accessibility Resources and Services (OARS) at High Point University. To ensure an adequate evaluation of the student's request, please answer the questions below in a manner that aligns with your medical expertise and knowledge of the student's current health status:

Information About the Student's Disability

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

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. Please list the student's relevant medical or mental health diagnosis(es) that falls under your scope of practice.

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

*Major life activities include, but are not limited to, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, speaking, breathing, learning, reading, concentrating, thinking, communicating, and the proper functioning of major bodily systems.

5. Please describe the severity of the student's functional limitations or disability-related symptoms (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?
 Yes No

- 7. How is the animal named here important for treating the student’s disability-related symptomology while in residence at HPU?

- 8. Is there evidence that this ESA or 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

- 9. Have you discussed the responsibilities of properly caring for an animal while engaged in typical college activities and residing in campus housing?
 Yes No

- 10. Do you believe the proper care and maintenance of the animal listed will exacerbate the student’s symptoms in any way?
 Yes No
 a. If yes, please explain:

Licensed Professional’s Signature

Date

Licensed Professional’s Printed Name

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