

**University of Mississippi  
STUDENT DISABILITY SERVICES**

**REQUEST FOR INFORMATION Re: Emotional Support Animal**

***(The health care provider need not use this specific form; however, all the information requested here is necessary for the institution to have in order to consider the request for an ESA. This form is provided as a convenience.)***

Student's Name: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

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 accept documentation from providers in the State of Mississippi or the student's home state who have personal knowledge of the student, consistent with the provider's professional obligations. ***It is important to note that Mississippi state law (Miss. Code Ann. § 83-9-351, 2017) prohibits out-of-state healthcare providers, not licensed in Mississippi, from providing telehealth/telemedicine services to someone geographically located within the state of Mississippi. In addition, letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.***

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

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

**SECTION 1: 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).

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

2. Does the student require ongoing treatment? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. When did you first interact with the student regarding this mental health diagnosis? \_\_\_\_\_
4. When did you last interact with the student regarding this mental health diagnosis? \_\_\_\_\_

**SECTION 2: INFORMATION ABOUT THE PROPOSED ESA**

**Proposed ESA (if identified):**

1. Name of ESA: \_\_\_\_\_
2. Type of animal: \_\_\_\_\_ Age of animal: \_\_\_\_\_
3. Is the animal named above one that you specifically prescribed as part of treatment for the student or is it a pet you believe will have a beneficial effect for the student while in residence on campus?  
\_\_\_\_\_ Prescribed \_\_\_\_\_ Pet

4. What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

5. Is there evidence that an ESA has helped this student in the past or currently? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. If there is evidence that an ESA has helped, what is the nature of that evidence?

**SECTION 3: IMPORTANCE OF ESA TO STUDENT'S WELL-BEING**

1. In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

2. The University has posted a policy with restrictions related to the presence of animals in the residence halls. Has the student shared that policy with you? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Have you discussed with the student the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Do you believe those responsibilities might exacerbate the student's symptoms in any way? If so, in what way might the student's symptoms be exacerbated and have you discussed this with the student? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

**SECTION 4: CONTACT INFORMATION AND SIGNATURE**

*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 the residence hall can be a real benefit for someone with a significant mental health disorder. 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, and return it to:

**Student Disability Services**

University of Mississippi  
234 Martindale  
University, MS 38677  
662-915-7128  
[sds@olemiss.edu](mailto:sds@olemiss.edu)

Provider's Signature: \_\_\_\_\_

Provider's Name (Please Print): \_\_\_\_\_

Type of License: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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