



## **Emotional Support Animal Request Form**

TWU Disability Services for Students (DSS) is responsible for providing students with disabilities equal access to their education. To receive academic adjustments under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008, Texas Woman's University students must provide documentation from an appropriately trained evaluator demonstrating a disability as defined by federal legislation.

Federal law requires that students' requests for academic adjustments, auxiliary aids, and other accommodations be determined on a case-by-case basis. This form was created to facilitate the individualized review of each student request so that DSS may determine if a student qualifies to have an emotional support animal while living in a Texas Woman's University residence hall.

This information submitted to DSS should reflect the most currently available information. **This Emotional Support Animal Documentation Form should:**

- a.) Be completed by a qualified professional.**
- b.) Be completed as clearly and thoroughly as possible.** Incomplete responses and illegible handwriting will require additional follow up that may delay the review process.
- c.) Be supplemented with any evaluative reports that may provide a more complete understanding of the student.** Evaluative reports may include diagnostic reports such as psycho-educational or neuropsychological reports. Please do not provide case notes or rating scales without a narrative that explains the results.
- d.) Be submitted to Disability Services for Students.** All documentation will be held strictly confidential as a student record. This form may be released at the student's request.

**Submit Information to:**  
Disability Services for Students  
Texas Woman's University  
304 Administration Dr.  
CFO Suite 106  
Denton, TX 76204  
Phone: (940) 898-3835 Fax: (940) 898-3965

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

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

Birthdate: \_\_\_\_\_

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

Requested ESA Start Term: \_\_\_\_\_

First date of treatment with this individual: \_\_\_\_\_

Last date of treatment with this individual: \_\_\_\_\_

DSM-V Diagnosis: \_\_\_\_\_

Severity:      \_\_\_ Mild      \_\_\_ Moderate      \_\_\_ Severe

How did you arrive at your diagnosis? Please check all that apply.

\_\_\_ Behavioral Observations

\_\_\_ Developmental History

\_\_\_ Educational History

\_\_\_ Medical History

\_\_\_ Clinical Interview (Structured or Unstructured)

\_\_\_ Interviews with Others

\_\_\_ Rating Scales

\_\_\_ Other – Please specify: \_\_\_\_\_

What functional limitations are present as a result of this individual's disability?

How do these limitations impact the individual's ability to perform major life activities?

What symptoms will be reduced by having the emotional support animal live with the student? Why is it necessary for the student's wellbeing that the emotional support animal live with her/him on campus?

What evidence is there that an emotional support animal has helped this student in the past or currently?

What consequences, in terms of disability symptomology, may result if this accommodation is not approved?

**Healthcare Provider  
Information**

Provider Name (Print): \_\_\_\_\_

Provider Signature: \_\_\_\_\_

Title/Company: \_\_\_\_\_

License or Certification #: \_\_\_\_\_

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

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

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