LMU

Lincoln Memorial University

Office of Housing and Residence Life

REQUEST FOR INFORMATION Re: Emotional Support Animal

Release Authorization

I hereby authorize _____ to release the medical information requested herein to the Office of Housing and Residence Life at Lincoln Memorial University for the purpose of determining my eligibility for disability related services and/or housing accommodations.

Student's Name: _____ Student ID Number: _____

Date of Birth: _____

Date: _____ Signature: _____

The above-named student has indicated that you are the physical, psychiatrist, or mental health care provider who has recommended that having an Emotional Support Animal (ESA) in the residence hall at Lincoln Memorial University will 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 Tennessee, Kentucky, and Virginia, or the student's home state, who have had an ongoing therapeutic relationship with the student.

Please answer the following questions:

MEDICAL DOCUMENTATION FORM

To be completed by Medical or Health Care Provider
(Please Print)

Provider Name: _____ Credentials: _____

Please answer the following questions as completely as possible.

Are you the primary care physician or therapist/counselor for this patient? Yes No

How long have you treated this patient? _____

Date of last visit: _____ Frequency of visits: _____

Information About the Student's Disability
(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

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

Does the student require ongoing treatment? If so, please describe.

How long have you been working with the student regarding this mental health diagnosis and how often do you meet to treat the student's condition? What are the anticipated number of sessions each month?

What other interventions have been used?

Information About the Proposed ESA
Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus? Please explain your answer to assist us in making a determination of this students request for an ESA.

What symptoms will be reduced by prescribing the ESA to this student while they reside in their residence?

Is there evidence that an ESA has helped this student in the past or currently helping the student? Please specify how:

Importance of ESA to Student's Well-Being

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus?

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

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date?)

Do you have specialty evaluations or reports on this patient? Yes No
If yes, please include a copy.

Type of Animal (Cat, Dog, etc.)_____
Brief Physical Description of Animal:_____
_____
Name of Animal:_____
Age of Animal:_____

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, 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: tammy.tomfohrde@lmunet.edu

Professional Contact information: (Please type, print and sign)
Address:
Telephone:
FAX and/or Email address:

Professional Signature:
Professional Full Name (Printed or Typed)
License #:

Date: