Warren Wilson COLLEGE

PROFESSIONAL DOCUMENTATION FOR STUDENT REQUEST

FOR AN EMOTIONAL SUPPORT ANIMAL (ESA)

For the 2025-2026 Academic Year

STUDENT NAME (First and Last) _____

DOB:_____ STUDENT SIGNATURE: _____

Proposed ESA: Type of Animal _____ Age of Animal: _____

TO THE STUDENT: (Please sign this form before providing it to your health provider to complete): By signing above, I consent to allow my health provider to share information relevant to my need for an Emotional Support Animal (ESA) as an accommodation with Warren Wilson College (Housing).

TO THE HEALTH CARE PROVIDER: This student is seeking under the Fair Housing Act to apply for an Emotional Support Animal in college housing. If you are the treating health care provider who has recommended 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 health disability, we ask that you complete this documentation form.

DOCUMENTATION confirming a disability-related need for an emotional support animal:

We accept documentation from appropriate health care providers licensed in the State of North Carolina or the student's home state who have personal knowledge and a history of treatment of the student, consistent with their professional obligations. Documentation must be from the student's health care provider who is not a relative of the student.

Supporting documentation consists of information from a licensed healthcare professional, (e.g., psychiatrist, psychologist, physician, physician's assistant, nurse practitioner, nurse), general to the condition but specific as to the individual with a disability and the therapeutic emotional support provided by the animal. A relationship or connection between the disability and the need for the support animal must be provided. This is particularly the case when the disability is non-observable, and/or the animal provides therapeutic emotional support as part of the therapy plan.

Documentation that is acquired from the internet will not be accepted or reviewed in the student request for an Emotional Support Animal process. Letters and certificates purchased via commercial internet sites are not viewed as a reliable source of information:

> "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 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."

Student Name (First and Last):

To better evaluate the request for this accommodation, please answer the following questions:

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 does not necessarily equate with a disability (substantial limitation).

The expectation is that you have an ongoing diagnostic and treatment relationship with your client/the student. Please verify this:

1. When did you first meet with the student regarding this diagnosis?
2. When did you last meet with the student regarding this diagnosis?
3. DSM Codes:
4. What is the date of onset of the most current episode?_____
5. Date of the most recent (check one) office_____ or treatment/therapy ____ visit date_____
6. What is the severity of the disorder? Mild _____ Moderate _____ Severe_____
7. Describe the expected duration, stability, or progression of the condition or disability (acute, chronic, episodic, etc.):

8. Does the student require ongoing treatment?

Please provide information regarding the identified substantial functional limitation(s) and the recommendation for an emotional support animal. Include a clear rationale or nexus between the functional limitation and the requested accommodation requested.

Information about the Proposed ESA

Please note that there are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based upon the information provided, but may not be allowed to bring the specific animal named.

1. Is the animal named here:
   ___ An animal that you specifically prescribed as part of treatment for the student
   ___ An animal that you believe will have a beneficial side effect for the student while in residence on campus.

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

3. Is there evidence that an ESA has helped this student in the past or currently? If so, please explain.

Student Name (First and Last):

Importance of ESA to Student's Well-Being

How important is it for the student's well-being that the ESA be in residence on campus?

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

Students at Warren Wilson are often involved with (in addition to typical coursework) various work crew commitments and potential extracurricular activities requiring extended and overnight time away from campus where ESAs may not be taken. Please discuss the following question with your client:

How will you fulfill responsibilities associated with properly caring for an animal while engaged in your daily, typical college activities?

Did you discuss these questions with your patient/client? Circle One: Yes/No

Do you believe the responsibilities might exacerbate the student's symptoms in any way? If yes, please explain:

Thank you for taking the time to complete this form. Warren WIlson College recognizes that having an ESA in the residence halls can be a benefit for someone with a significant medical/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.

STUDENT NAME (First and Last):

__Provider Initials: I am verifying that the named student information is correct, that the student is a patient whom I have been treating, and that I am not a relative of the student.

Provider Name (print): Credentials/License #

Signature: Date:Address:

Address: Phone: Fax/Email

BOX FOR OFFICE STAMP (OPTIONAL)

Please submit this documentation to:

- Preferred method: Scan as attachment and email to disabilityaccess@warren-wilson.edu
- Via mail to: Warren Wilson College
  Office of Disability Access
  WWC-6322 , PO Box 9000
  Asheville, NC 28815

All documentation and records provided will be maintained in a confidential manner as outlined in the Family Rights and Privacy Act (FERPA) of 1974. Disability information is shared only on a limited basis within the college and then only when there is compelling reason for the individual seeking the information to have knowledge of a specific aspect of this confidential information. Disability-related records are maintained separately from academic files and are excluded from free access under FERPA.