

## **Emotional Support Animal (ESA) Request Form**

### **Section A: Student**

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_

New York Tech E-mail: \_\_\_\_\_ Phone number: \_\_\_\_\_

Requested ESA Name: \_\_\_\_\_ Length of ownership: \_\_\_\_\_

Type of animal: \_\_\_\_\_ Breed: \_\_\_\_\_

Age of animal: \_\_\_\_\_ Size (lbs): \_\_\_\_\_

Please submit the completed form to the Office of Accessibility Services (OAS) via fax or mail. Once received, we will contact the student via their New York Tech email address to schedule a meeting. If we require additional information or documentation, we will contact the student.

Office of Accessibility Services  
New York Tech  
Northern Boulevard  
PO Box 8000  
Old Westbury, NY 11568  
[hschorr@nyit.edu](mailto:hschorr@nyit.edu)  
Fax: 516-686-7891

## Section B: Treatment Provider

This section is to be completed by a qualified, licensed medical or mental health professional who is familiar with the student's history and can attest to the student's functioning in a college environment. This section is not to be completed by the student or relative of the student.

In signing this document, you are attesting to be knowledgeable about the laws and policies at the local (Nassau County), state (New York), and federal levels regarding Emotional Support Animals (ESAs).

Treatment Provider name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Work address:

\_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

License Number: \_\_\_\_\_

State of Licensure: \_\_\_\_\_

Signature:

\_\_\_\_\_

The above-named student has indicated that you are the mental health provider or medical health provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be a significant factor in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

### Information about the Student's Disability

What is the nature of the student's mental health or other impairment (i.e., what are the student's functional limitations)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this diagnosis rise to the level of a disability? Please explain.

\_\_\_\_\_

---

---

---

How long have you been working with the student regarding this mental health diagnosis?

---

---

---

---

Describe the student's ongoing treatment.

---

---

---

---

**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?

---

---

---

---

---

What symptoms will be reduced by having the ESA?

---

---

---

---

Please state if there is any evidence that an ESA has helped this student in the past or currently.

---

---

---

---

**Importance of ESA to Student's Well-Being**

In your opinion, how important is it for the student's well-being that the ESA reside on campus? What consequences, in terms of disability symptomatology, 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.)

---

---

---

---

**Provider Information**

Please describe the training you have had on therapeutic human-animal interactions:

---

---

---

---

---

**Office Use Only**

Date intake form received: \_\_\_\_\_

Date documentation received: \_\_\_\_\_

Other:

---

---