

Licensed Professional Questionnaire – ESA

To be completed by the student:

Student Name: _____ Student ID #: _____

I request that the following information from my licensed professional be used as documentation of my request for a housing accommodation. I understand that this documentation may be reviewed by and discussed with members of the WVU Housing Review Committee as appropriate.

Student Signature: _____ Date: _____

To be completed by the Treating Licensed Professional:

The student has been informed and agrees that the Emotional Support Animal Request process requires the Treating Licensed Professional to document the necessity of the accommodation. It is understood that the Treating Licensed Professional practices in the specialty specific to the mental health condition presented, the documentation shows that there is an identifiable relationship between the disability and the assistance the Emotional Support Animal provides/ will provide and is not in a dual relationship with the student. This request for documentation is in compliance with the Fair Housing Act.

Provider: _____ Title: _____

Address: _____

Phone: _____ Email: _____

License Number/State Licensed In: _____

Office Name: _____

1. Please provide the condition(s), including definitive diagnosis, expected duration of the condition, and the basis/criteria for your diagnosis.
2. What is the date of the original diagnosis and last evaluation?
3. Is the student currently under your care? Yes No
4. What are the substantial limitations or functional limitations of the diagnosed condition that impact on campus living?

5. Is there an identifiable nexus between the student's identified disability and the assistance the animal could provide? Yes No

a. If yes, please explain.

6. Do you support the student's request for an ESA in campus housing?

Yes No

7. Have you and the student discussed the responsibilities associated with properly caring for this particular ESA 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?

8. ESA Information:

a. Type of Animal? (Choose One)

i. Dog Cat Other: _____

b. Age of Animal (if known): _____

c. Name of Animal (if known): _____

****Approval/Denial is NOT solely based on answers provided on this form.**

Licensed Professional Signature: _____

Licensed Professional's Printed Name: _____

Date: _____