



**Fair Housing Act Emotional Support Assistance Animal Medical Documentation Form**

**IMPORTANT**

*If this form is not used, any alternate form or letter provided by the licensed clinical health care provider must contain all information included on this form.*

*This form is not the form used to request the use of a Service Animal. A Service Animal is an “is any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.*

**Print Student/Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

An emotional support assistance animal, sometimes referred to as an Emotional Support Animal, is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or provides emotional support that alleviates one or more identified symptoms or effects of a person’s disability. An assistance animal is not a pet. Individuals with a disability may request to keep an assistance animal as a reasonable accommodation to Glenville State College’s housing pet restrictions.

*This form must be completed by a licensed clinical professional or health care provider familiar with the history and functional limitations of the student. The licensed clinical professional or health care provider must be an impartial third party not employed by Glenville State College and cannot be related to the individual requesting the Emotional Assistance Animal. If the space is not adequate, please attach additional paper.*

Specific disability/disorder (DSM-V), including when student was first diagnosed. And current symptoms:

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Identify the specific limitations/impairment caused by the disability and how the limitations/impairments substantially limit one or more major life activities for this student:

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Explain how the accommodation of an ESA is necessary for the individual to use and enjoy campus housing. (See 42 U.S.C. § 3604(f)(3)(B)). Does the animal, work, provide assistance, perform tasks or services for the benefit of person with a disability, or provide emotional support that alleviates one or more of the **identified symptoms or effects** of a person’s existing disability? Please clearly specify: (a) the symptom(s) or effect(s) of the existing disability/disabilities that is/are alleviated; and (b) how the ESA alleviates each symptom or effect.

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**Name of Treating Professional:** \_\_\_\_\_

**License #:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**Signature of Treating Professional:** \_\_\_\_\_

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

**Please Return Form to:**

Alecia Martin  
Accommodations and Accessibility Counselor  
Academic Success Center - Glenville State College  
200 High Street  
Glenville, WV 26351  
304-462-6051 (phone) or 304-462-6032 (fax)  
[Alecia.Martin@glenville.edu](mailto:Alecia.Martin@glenville.edu)