



## REASONABLE ACCOMMODATION FORM

Application for an EMOTIONAL SUPPORT ANIMAL for a STUDENT with a Disability

### SECTION I- TO BE COMPLETED BY APPLICANT

Semester Applying for: ☐ Fall \_\_\_ ☐ Spring \_\_\_ ☐ Summer \_\_\_ M#: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_  
Last First Middle Initial

Campus Address: \_\_\_\_\_  
Mailbox#, Residence Hall or College Courts Apt. City State Zip

Cell Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

MSU E-mail Address: \_\_\_\_\_

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student ☐ Other: \_\_\_\_\_

Type of animal: \_\_\_\_\_ Age of animal: \_\_\_\_\_ Weight of animal: \_\_\_\_\_

Name of the animal: \_\_\_\_\_ Has the animal been spayed or neutered? \_\_\_ Yes \_\_\_ No

Color/description of the animal: \_\_\_\_\_

***By law the University is required to maintain record of individuals residing on campus who have disclosed to the University (i.e. the Office of Student Disability Services, etc.) that they have a disability. If your request for an emotional support animal is granted by Office of Student Disability Services, by law your name will be added to the Kentucky law (KRS164.9495) Minger Act listing. This listing will remain confidential and will only be used in the event of an emergency that would require the evacuation of your residence hall. Names on this listing will only be revealed to individuals who have been trained to respond to emergency situations (i.e. the Housing Department staff and both campus and community emergency personnel).***

**Emotional Support Animals** are not specifically trained to perform a work or task; therefore, there are some limitations associated with having an emotional support animal on campus. The Fair Housing Amendments Act influences how emotional support animals are governed, which includes on campus housing options at colleges and universities. Since emotional support animals are not trained to perform a specific work or task and are considered an accommodation and not for accessibility purposes, the animal(s) is limited to the owner's living space. Therefore, it is not permissible for an emotional support animal to accompany their owner to class, to an on-campus job, to the cafeteria, to the library, into a residence hall (other than the one building they have been assigned to live in while residing on campus), into another resident's room within their assigned residence hall, etc. Emotional support animals are to be considered domesticated animals that are traditionally kept in the home for pleasure rather than for commercial purposes, and that provide therapeutic benefit to an individual with a mental or emotional disability.

**By the signature below, I, the applicant, authorize my medical provider to complete Section II below, and to release information regarding my medical condition. I understand that I can revoke this authorization at any time by submitting a written revocation. A revocation will not apply to information that has already been disclosed in reliance on an authorization. I understand that once the information is disclosed pursuant to this authorization it may be re-disclosed by the recipient and the information will no longer be protected by HIPAA. This authorization will expire six (6) months subsequent to the day executed as indicated below.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

## SECTION II - TO BE COMPLETED BY MEDICAL PROVIDER

*The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

The student named on page 1 of this form has indicated that you are the (physician, psychiatrist, social worker, mental health worker) who has recommended that having an Emotional Support Animal (ESA) will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability. So that we may better evaluate the accommodation request, please respond to each of the following questions:

I certify that I have treated \_\_\_\_\_, and that he/she is an individual with a disability that substantially  
(Name of Patient)  
limits one or more major life activities.

1. 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." In connection with the definition for a person with a disability, what is the nature of the student's mental health impairment?

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2. Since this animal is not considered to be a Service Animal, how are the student's major life activities substantially limited?

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3. Does the student require ongoing treatment? \_\_ Yes \_\_ No

4. How long have you been working with the student regarding this mental health diagnosis? (Please include the number of times the student has been seen.) \_\_\_\_\_

5. Please identify the animal that you have specifically prescribed as part of the treatment for the student.

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6. What symptoms will be reduced, and what functional limitations would be improved by having an ESA?

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7. Is there evidence that an ESA has helped this student in the past or currently? \_\_ Yes \_\_ No
8. In your professional opinion, how important is it for the student's well-being that the ESA be in residence on-campus?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
9. Do you believe the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing **may exacerbate symptoms in any way?** \_\_ Yes \_\_ No
10. Have you discussed with the student the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? \_\_ Yes \_\_ No

Thank you for taking the time to complete this form. We recognize that having an Emotional Support Animal in on-campus housing can be a real benefit for someone with a significant mental health disorder, and we carefully consider the impact of the request for this accommodation on both the student and the campus community.

Mental Health/Medical Professional/Physician/ARPN's:

Name (please print): \_\_\_\_\_

Area of practice/specialty: \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return Form To:**  
The Office of Student Disability Services  
423 Wells Hall  
Murray, KY 42071-3318  
Fax: (270) 809-4339  
Email: [msu.studentdisabilities@murraystate.edu](mailto:msu.studentdisabilities@murraystate.edu)  
Phone: (270) 809-2018 TTY: (270) 809-5889

## **APPEALS PROCESS**

Any person seeking to appeal the decision must submit, in writing, a request to review the decision. This appeal must be delivered to the Office of Equal Opportunity, within five (5) working days of receipt of the Executive Director's decision. The request shall state reasons why the party is requesting a review and may contain any information for consideration. The decision of the Office of Equal Opportunity shall be final.