Counseling and Accessibility Services
Student Center, Room 212
419 College Drive, Barnesville, GA 30204
Phone: 678-359-5585

Emotional Support Animal (ESA)
Request for Information

Student Name: _____
First Middle Last

Gordon State College 929 # _____

Type of Emotional Support Animal Requested: _____

The above mentioned student has requested to be allowed to have an Emotional Support Animal (ESA) in their residence hall as a means of managing or 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 complete the questions below.

By signing below, I am giving permission for this information to be released to Gordon State College.

_____ _____ _____
Date Student Signature Date

Information About the Student's Disability

What is the student's current diagnosis/diagnoses? _____

_____

DSM-5 / ICD-10 Codes _____

_____

_____

How long have you been working with this student in line with the diagnosis/diagnoses?

_____

_____

_____

Does this student require ongoing treatment? _____

_____

Information About the Proposed ESA

Is this an animal that you would specifically prescribe as part of the 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? _____

In observing the student and the proposed animal, what symptoms do you believe will be reduced by having the ESA? _____

_____

_____

_____

_____

Importance of the ESA to the Student's Wellbeing

In your opinion, how important is it for the student's well-being that the ESA be in residence on campus? What consequences, in terms of the 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 these responsibilities might exacerbate the students' symptoms in any way?

_____

_____

_____

Thank you for taking the time to complete this form. If additional information is needed we may contact you at a later date. We recognize that having an ESA in the residence halls can be a benefit for some students with a significant mental health disorder. 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.

Please Provide the Following Information:

Provider Signature: _____

Provider Name: _____

Title: _____

License #: _____

Date: _____

Phone Number: _____

Fax and Email Address: _____

Please return to:
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