



Emotional Support Animal (ESA) Release

Part A: TO BE COMPLETED BY STUDENT

Family/Last Name: _____

First Name: _____

Student ID: _____

Phone: _____

Date of Birth: _____

Semester of Request: _____

I do hereby authorize the release of records and/or information with no limitation, which may include treatment for psychiatric illness, alcohol or drug abuse and/or HIV test results or AIDS/ARC diagnosis. I understand this authorization may be revoked by me at anytime and in any event, automatically expires 60 days from this date.

Signature of Student/Date

Part B: To be completed by LICENSED MEDICAL/PSYCHOLOGICAL PROFESSIONAL

Please answer the following questions on letterhead and include signature and date.

With regard to this individual's request to have an ESA on campus:

1. Describe your professional relationship with the individual making this request. This can include the number of sessions, whether this is your principle clinical relationship, and whether the clinical relationship is on-going.
2. Confirm the individual has a physical or mental impairment which substantially limits at least one major life activity or major bodily function.
3. Identify how the animal provides assistance to the individual
4. It will be the individual's responsibility to care for the animal on campus. What challenges will this present? Do you think this individual is capable of following through on that responsibility?

Return information

This form should be returned to the Office of Learning Resources via fax (937-229-3270), email: disabilityservices@udayton.edu, hand deliver (Room 023 Roesch Library) or mail (University of Dayton, Attention Office of Learning Resources, 300 College Park, Dayton Ohio 45469-1302)
