

Emotional Support Animal Verification Form

Collin College may provide reasonable accommodations for a student with a disability who has a verifiable need for having an Emotional Support Animal (ESA) in college housing. The ACCESS Office will determine:

- Whether the student is a person with a documented disability;
- Whether the ESA being requested is necessary for the student, as a person with a disability, to have equal access to use and enjoy the on-campus housing facilities;
- Whether an identifiable relationship exists between the disability and the support provided by the ESA.

This form is used to request an ESA and NOT a Service Animal. An ESA is usually a dog or a cat that provides a therapeutic benefit to its owner. Unlike a Service Animal, an ESA is not automatically granted access to places of public accommodation, including areas where residents are normally permitted to go.

The following information is to be completed by a licensed clinical professional or healthcare provider ** who is directly responsible for treatment of the student's disability and to whom the student has an **established** relationship.

(An evaluator that the student has only met with once or twice should not complete the form).

We ask providers have personal knowledge of the student's mental health, consistent with their professional obligations. The provider must address how the intentional use of the requested ESA addresses specific functional limitations that result from the student's condition(s).

As per the [U.S. Department of Housing and Urban Development \(HUD\)](#) *"Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee...In HUD's experience, such documentation from the internet is not by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal."*

*****Letters purchased from the internet for a one-time meeting and a set price rarely provide the information necessary to support an ESA request.***

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**To be completed by individual verifying use of emotional support animal to
mitigate disability symptoms:**

*(The Health Care Provider need not use this specific form, but all the information requested here
is helpful for the institution to have in order to consider the request for an ESA; this form is
provided as a convenience.)*

Diagnosis/Disability? (DSM) _____

When did you first meet with the student regarding their Mental Health Diagnosis and in what
context (face-to-face, virtual, phone...)?

Date of first meeting? _____

What context? _____

Date of last interaction with the student regarding this mental health diagnosis? _____

Does the student who you have individually examined or treated have a physical or mental
impairment that Substantially limits one or more major life activities?

_____ No or _____ Yes (Describe the major life activities that are impaired)

Identify the disability-related need for an ESA, and explain how the animal alleviates one or more
of the identified Substantially-limiting major life activities. (What is the relationship between the
disability and the emotional support the animal provides?)

What type of animal is being requested?

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Please attach any pertinent educational, psychological, or medical evaluations/ records you have completed on this student.

****The evaluator must be impartial and not related to the person being evaluated. ****

Certifying Licensed Practitioner:

Professional's Name (print)	Date:
Professional's Title (print)	
License Number:	Phone Number:
Email:	
Address:	
Professional's Signature:	

Emotional Support Animal Release of Records Form

I, _____, hereby request and authorize the following professionals to release pertinent medical, diagnostic, or psychological information to Collin College's ACCESS Office for the purpose of post-secondary educational planning and disability accommodation implementation.

Student Signature: _____ CWID: _____ Date: _____

Address: _____ Phone: _____

Pursuant to the Fair Housing Amendments Act of 1998, the student named above may be eligible for the reasonable accommodation of an Emotional Support Animal in Collin College's Student Housing. The U.S. Department of Housing and Urban Development (HUD) defines an emotional support animal as an animal that "provides emotional support that alleviates one or more identified symptoms or effects of a person's disability" ([FHEO Notice: FHEO-2020-01](#)).

In order to evaluate and help provide such services, we request supporting documentation concerning the student's disability and the symptoms alleviated by their emotional support animal from their health care provider

Records may be faxed to the ACCESS office, 972.881.5896 or emailed to ACCESS_Documentation@collin.edu.

Please note: A student medical records supplied to the ACCESS Office constitute "education records" under the Family Educational and Privacy Act (FERPA) and as such may be reviewed by the student upon written request.

A photocopy or fax of this authorization shall be as valid as the original document.

Emotional Support Animal Authorized Person Form

Collin College is not responsible for the care or supervision of an Emotional Support Animal.

In the event of an emergency (if you are incapacitated or are no longer able to care for the animal) you have authorized the following individual to remove the animal from housing.

If such person cannot be identified, Animal Control Services will be contacted to take responsibility of the animal.

Authorized Person must live within a one-hour radius of campus.

Name of Person to Contact (Print):	Date:
Relationship to individual:	
Phone Number(s):	
Address:	
Student's Name (Print):	
Student's Signature:	

As per [Plano City Ordinance](#). "All dogs, cats, and ferrets must be registered with the City of Plano Animal Services division."

Please attach current relevant Veterinary records to this form. (Vaccination records and/or verification of current health of animal)