



Disability Services

Emotional Support Animal Request Form

The Department of Disability Services is responsible for providing students with disabilities equal access to their education. To receive academic adjustments under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), students at University of South Carolina must provide documentation from an appropriately trained evaluator demonstrating a disability as defined by federal legislation.

Federal law requires that students' requests for academic adjustments, auxiliary aids, and other accommodations be determined on a case-by-case basis. This form was created to facilitate the individualized review of each student request so that Disability Services may determine if a student qualifies to have an emotional support animal while living in a University of South Carolina Aiken residence hall.

This information submitted to Disability Services should reflect the most currently available information. **This Emotional Support Animal Documentation Form should:**

- a) **Be completed by a qualified professional.**
- b) **Be completed as clearly and thoroughly as possible.** Incomplete responses and illegible handwriting will require additional follow up that may delay the review process.
- c) **Be supplemented with any evaluative reports that may provide a more complete understanding of the student.** Evaluative reports may include diagnostic reports such as psycho-educational or neuropsychological reports. Please do not provide case notes or rating scales without a narrative that explains the results.
- d) **Be submitted to the Department of Disability Services. All documents will be held strictly confidential as a student record.** This form may be released at the student's request.

Submit Information to:

Disability Services, University of South Carolina Aiken Box 15
471 University Parkway
Aiken, SC 29801
Fax (803) 643-6815

To Be Completed by Physician/Medical Service Provider

Date: _____

Patient Name _____ Birthdate: _____
Last First

1. First date of treatment with this

individual: _____

Last date of treatment with this

individual: _____

2. DSM

Diagnosis: _____

3. Severity: _____Mild _____Moderate _____Severe

4. How did you arrive at your diagnosis? Please check all that apply.

___Behavioral Observations

___Developmental History

___Educational History

___Medical History

___Clinical Interview (Structured or Unstructured)

Interview with Others

___Rating Scales

___Other – Please specify _____

5. What functional limitations are present as a result of this individual's disability?

[illegible]

6. How do those functional limitations impact the individual's ability to perform major life activities?

7. What symptoms will be reduced by having the emotional support animal live with the student?

[illegible]

8. What evidence is there that an emotional support animal has helped this student in the past or currently?

[illegible]

9. Why is it necessary for the student's wellbeing that the emotional support animal live with her/him on campus?

10. . What consequences, in terms of disability symptomology, may result if this accommodation is not approved?

NOTE: ESA requests are reviewed each semester and subject to change if approved.

**Healthcare Provider
Information**

Provider Name (Print)

Provider Signature

License or Certification #:

Address:

Phone: _____ **FAX:** _____

Submit information to:

Disability Services, University of
South Carolina Aiken Box 15

471 University Parkway

Aiken, South Carolina 29801

FAX
(803) 641-3677

Office Use Only

Date Received_____

___The student has submitted the required documentation to support approval of an ESA on campus during the current Semester Only. This approval is granted per semester and will be reviewed prior to the start of each semester.

___The student has submitted documentation; however, there is no evidence or documentation that a functional limitation would exist as a result of not having an ESA on campus.

Signature_____

Title_____