



Emotional Support Animal Request Form

UCA Office of Accessibility Resources and 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 the University of Central Arkansas 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 the Office of Accessibility Resources and Services may determine if a student qualifies to have an emotional support animal while living in a University of Central Arkansas residence hall.

This information submitted to the Office of Accessibility Resources and Services should reflect the most currently available information.

This Emotional Support Animal Documentation Form should:

- Be completed by a qualified professional.
- Be completed as clearly and thoroughly as possible. Incomplete responses and illegible handwriting will require additional follow up that may delay the review process.
- 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.
- Be submitted to the Office of Accessibility Resources and Services. All documentation will be held strictly confidential as a student record. This form may be released at the student's request

Submit Information to:

Office of Accessibility Resources and Services
University of Central Arkansas
Student Health Building Suite 212
201 Donaghey Ave.
Conway, AR 72035
Fax (501) 450-5664

Date: _____

Patient Name: _____

Date of Birth: _____

1. First and Last date of treatment with this individual: _____ to _____
2. DSM-V Diagnosis _____
 - a. Severity
 - i. _____ Mild
 - ii. _____ Moderate
 - iii. _____ Severe
 - b. How did you arrive at your diagnosis? Please check all that apply
 - i. _____ Behavioral Observations
 - ii. _____ Developmental History
 - iii. _____ Educational History
 - iv. _____ Medical History
 - v. _____ Clinical Interview (Structured or Unstructured)
 - vi. _____ Interviews with others
 - vii. _____ Rating Scales
 - viii. _____ Other – Please Specify _____
3. What functional limitations are present as a result of this individual's disability? How do the limitations impact the individual's ability to perform major life activities?
4. What symptoms will be reduced by having the emotional support animal live with the student? Why is it necessary for the student's wellbeing that the emotional support animal live with her/him on campus?
5. What evidence is there that an emotional support animal has helped this student in the past or currently?

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

7. What type of animal is being requested to be used as the Emotional Support Animal?

Healthcare Provider Information

Provider name (Print): _____

Provider Signature: _____

License or Certification Number: _____

Address:

Phone: _____

Fax: _____