



REQUEST FOR INFORMATION: EMOTIONAL SUPPORT ANIMAL

The student named below has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall at Westmont College will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student’s mental health disability. We accept documentation from providers in the State of California or the student’s home state who have personal knowledge of the student, consistent with their professional obligations.

Please note: All information that you provide may be shared with the student. This information is kept confidential, and cannot be released without written consent from the student.

Student Name: _____ Today’s date _____

Certifying professional (please print): _____ Title _____

City _____ State _____ Zip _____

License No. _____ Phone _____ Fax _____





Information About the Proposed ESA

Please note: There are some restrictions on the kind of animal that can be approved for the residence hall; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.

5. Is the animal named here one that you specifically prescribed as part of 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?

Importance of ESA to Student's Well-Being

6. What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

7. Is there evidence that an ESA has helped this student in the past or currently?

8. This student was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in Westmont housing. Has the student shared those restrictions with you? ___ Yes ___ No





9. 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 those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

10. Please provide any additional information below.

Signature _____ Date _____

Return to:

Westmont College

The Accessibility Resource Office

955 La Paz Rd., Santa Barbara, CA 93108

FAX to: 805-565-7244

EMAIL/SCAN to: aro@westmont.edu

