



Verification of Disability Form- Emotional Support Animal (ESA)  
Lakeland University

**Student:** Please have your medical doctor, clinical/counseling psychologist or other qualified care provider complete this form or use it as the basis for their narrative summary.

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(Student's Full Name)

(Student's Social Security Number)

Section 504 of the Federal Rehabilitation Act (1973), the Americans with Disabilities Act (1990, 2008), and the Housing and Urban Development (HUD) Fair Housing Act (1968, 1988, 2020) require that colleges and universities do not discriminate against otherwise qualified applicants and students with documented disabilities. Lakeland University recognizes the importance of providing reasonable accommodations in its housing policies and practices where necessary for individuals with disabilities to fully participate in the housing program.

The above-named student has indicated that you are the health care provider who can verify that having an Emotional Support Animal in the residential dwelling will have therapeutic benefit in alleviating one or more of the symptoms or effects of the student's mental health disability.

Federal law defines a person with a disability as someone who has a physical or mental health impairment that *substantially limits* one or more major life activities. So that Lakeland University can fully evaluate and consider the student's request for an Emotional Support Animal, please answer the following questions:

1. What is the nature of the student's mental health impairment? How is the student substantially limited by this impairment?
  
2. Does the student require ongoing treatment? Please describe.



3. What date did you first meet with the student regarding their mental health diagnosis and in what context was the meeting (face-to-face or a virtual interaction)?
4. What date was your most recent interaction with the student regarding their mental health diagnosis?

**Information about the proposed ESA:**

Name, species and age of proposed Emotional Support Animal (ESA):

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1. Is the above-named animal one that you specifically prescribed as part of the treatment plan for the student, one that you believe will have a beneficial effect for the student while in residence on campus?
2. What specific symptoms will be reduced by the student having the proposed ESA, and how will those symptoms be mitigated by the presence of the ESA?
3. Is there evidence or history that the proposed ESA, or a prior ESA, has provided therapeutic benefit to this student in the past or currently?



**Importance of the Emotional Support Animal to the Student's Well-Being:**

1. In your professional opinion, how important is it for the student's well-being that an ESA in residence be granted?
2. What consequences, in terms of disability symptomology, may result if the ESA provision is not approved?
3. The student was provided with a copy of Lakeland University's Policy and Agreement outlining the responsibilities of owning an ESA in residence. Have you discussed these responsibilities with the student? \_\_\_\_\_
4. Properly caring for an animal in campus residence while engaged in typical college activities can or may exacerbate the student's symptoms in a negative way. Have you discussed this possibility with the student? \_\_\_\_\_

**Certifying Authority:**

Printed Name and Title: \_\_\_\_\_

Signature: \_\_\_\_\_

License # and State: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_



The information requested here is critical for processing your patient's request for an Emotional Support Animal. Incomplete verification or lack of information may result in the approval process being delayed or denied. If you have questions about the information requested or how the information will be used, please contact Karen Eckhardt, ADA Coordinator, at 920-565-1021 ext. 2115. Following completion of this form, or a narrative summary based on this form, please return it to:

Karen Eckhardt, ADA Coordinator  
Lakeland University  
W3718 South Drive  
Plymouth, WI 53073  
FAX: 920-565-1066  
Email: EckhardtKL@lakeland.edu

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

**Student:**

By signing below, I consent to allowing my health care provider to share any information relevant to my request for an Emotional Support Animal, as shown on this form.

I understand that all requests for Emotional Support Animals in University housing are subject to an annual review. Documentation will be needed each academic year to continue to evaluate that the need for an ESA continues to be part of my ongoing treatment plan.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_