



NORTHWEST[®]

MISSISSIPPI COMMUNITY COLLEGE

Emotional Support Animal Verification Form

Student's Name: _____ Student Id#: _____

Room Assignment: _____ Date Form Completed: _____

The above-named student has indicated that you are the **Mental Health Care Provider** who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we accept documentation from providers in the state of Mississippi or the student's home state who have personal knowledge of the student, consistent with the provider's professional obligations. ***It is important to note that Mississippi state law (Miss. Code Ann. § 83-9-351, 2017) prohibits out-of-state healthcare providers, not licensed in Mississippi, from providing telehealth/telemedicine services to someone geographically located within the state of Mississippi. In addition, letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request.***

The Federal Trade Commission (FTC) has been asked to investigate websites that purport to provide documentation from a health care provider in support of requests for an ESA. The websites in question offer for sale documentation that is not reliable for purposes of determining whether an individual has a disability or disability-related need for an ESA because the website operators and health care professional who consult with them lack the personal knowledge that is necessary to make such determinations.

So that we may better evaluate the student's request for this accommodation, please answer the following questions:

Section 1: Information About the Student's Disability

Federal law defines a person with a disability as someone who has a physical or mental impairment that **substantially limits** one or more major life activities. That suggests a diagnosis does not necessarily equate with a disability (substantial limitation).

1. What is the nature of the student's mental health impairment (how is the student **substantially limited**)?

Section 4: Contact Information and Signature

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder. The practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

Please provide contact information, sign and date this questionnaire and return it to:

Missy Kelsay, LMSW
Disability Coordinator
Student Counseling and Disability Services
4975 Highway 51 North
Box 7046
Senatobia, MS 38668
mkelsay@northwestms.edu
662-562-3309 (office) 662-562-3315 (fax)

Provider's Signature: _____

Provider's Name (Please Print): _____

Type of License: _____ License #: _____

Name of Practice: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

For Office Use Only:

Dean of Student Services: _____ Date: _____

Director of Housing: _____ Date: _____

Disability Coordinator: _____ Date: _____

Affirmative Action

Northwest Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, gender identity, age or status as a veteran or disabled veteran in all its programs and activities. Northwest Mississippi Community College prohibits sexual harassment and all forms of sexual violence, regardless of sex, gender identity, or sexual orientation. The following have been designated to handle inquiries regarding non-discrimination policies: Americans with Disabilities Act of 1990/Section 504 of the Rehabilitation Act of 1973: Disability Support Services Coordinator, Tate Hall, PO Box 7046, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3309, email mkelsay@northwestms.edu; Title II of the Age Discrimination Act: Vice President of Finance, James P. McCormick Administration Building, PO Box 7017, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3216, email jhorton@northwestms.edu; Title IX of the Educational Amendments of 1972/Title VII of the Civil Rights Act of 1964: Associate Vice President of Student Services and Enrollment Management, Tate Hall, PO Box 7010, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3997, email trush@northwestms.edu.

