



ESA Request Checklist

_____ **No animal can be brought to campus until written approval is received.**

_____ **Agreement to Abide by ESA Policy:** Student will sign this form verifying they read, understand, and agree to follow all components of the ESA policy.

_____ **Limited Release of Information Form:** Students must complete and return this form with their application.

_____ **Verification/Request Form for Emotional Support Animal:** This form must be completed by the treating physician or mental health provider to permit the college to determine:

- That the individual has a disability for which the animal is needed;
- How the animal assists the individual including whether the animal has undergone any training;
- The relationship between the disability and the assistance that the animal provides.

_____ **Roommate/s Agreement:** Roommate/s will need to sign a statement verifying agreement to live in the same residence as the proposed ESA. They must print their name, sign their name, and date this statement.

_____ **Off-Campus Emergency Contact Information:** An off-campus, alternative caretaker, must be included and will be called in the event an emergency keeps the owner away from campus for a prolonged period of time.

_____ **ESA Health Documentation:** Documentation must be submitted from a professional veterinarian certifying the ESA is in good health, spayed or neutered (for dogs/cats), current on all applicable state & local vaccinations, up-to-date on general maintenance vaccinations appropriate to the species.

_____ **Renewal:** After initial approval, a renewal agreement to abide by ESA Policy must be re-filed each subsequent academic term in which ESA is requested.

Submit all materials to WCC Room 211 OR email cssas@austincollege.edu



Agreement to Abide by Emotional Support Animal (ESA) Policy

I have submitted a copy of my emotional support animal’s up-to-date veterinary health documentation, including proof of immunization and spay/neuter record, to be kept on file in the Center for Student Success and Access Services. I have read the policy pertaining to emotional support animals and understand that I may be asked to remove my animal from Austin College for non-compliance with policies and procedures outlined within.

I understand it is my responsibility to communicate any relevant changes regarding my ESA agreement (i.e., roommate change, room change, updates to vaccinations, etc.)

I agree to have the emergency contact person I indicated to retrieve my animal from campus in the event of an emergency as outlined in this policy and in the policy updates on the CSSAS webpage. I understand that my animal must be removed from campus if I am quarantined or isolated on campus for COVID-19 related symptoms.

I understand I will need to re-apply for an ESA each academic year.

I understand that Austin College is not responsible for the care or supervision of my emotional support animal. I am responsible for the control and well-being of my emotional support animals at all times, including during emergency situations.

I understand that I must comply with all applicable local and state laws, as well as Austin College rules regarding vaccination, leash control, cleanup rules, animal health, and residential life policies.

Student Printed Name: _____

Student Signature: _____ Date: _____

CSSAS: _____ Date: _____



LIMITED RELEASE OF INFORMATION

STUDENT NAME: _____ DOB: _____

I, _____, hereby authorize AUSTIN COLLEGE to RECEIVE medical and/or mental health information and/or records regarding diagnosis and treatment, for the College to determine whether student qualifies for an accommodation request.

RELEASE TO/RECEIVE FROM: _____
(Name of Referring Medical Doctor, Therapist, Diagnostician, etc.)

Phone number for the above-named medical professional: _____

The information may be provided: phone, fax, mail, email (I understand that email is not confidential and can be intercepted and read by other people).

Information to be provided: Attendance/Dates of service, Diagnosis, Treatment plan/goals, Treatment Summary, Other: _____

Is there any medical and/or mental health information that you do not wish to be released? Yes No
If so, what? _____

- I understand that I have a right to receive a copy of this authorization.
- I understand that any cancellation, modification, or revocation of this authorization must be in writing.
- I understand that I have the right to revoke this authorization at any time unless Austin College has acted in reliance upon it.
- I understand that it is my responsibility to confirm receipt by Austin College of any cancellation, modification, or revocation.
- I further understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the HIPAA Privacy Rule, although applicable Texas law may protect such information. In consideration of this consent, I hereby release the source of the records from all liability arising there-from.

I, _____, CONSENT to the release of information. _____
(Signature of student) (Date)

This authorization is valid for 1 year from the date signed, unless otherwise noted here:



Verification/Request Form for Emotional Support Animal (ESA)

Part I: To be completed by student:

Student Name: _____ Phone #: _____

Provider Name: _____ Phone #: _____

I authorize Austin College to receive information from my provider. I authorize my provider to discuss my condition(s) with appropriate and qualified Austin College personnel on a as needed basis.

Student Signature: _____ **Date:** _____

Part II: To be completed by health care provider (a licensed clinical professional/health care provider who fills out this form must be familiar with the history and functional limitations of the above-named student¹):

Please complete this form as thoroughly as possible, attach additional paper if this space is not adequate, so we may better evaluate the request for this accommodation. Austin College personnel will contact the above-named health care professional if more information is needed:

How long have you treated or counseled this student? _____

Date of initial contact with student: _____

Date of last office visit with student: _____

- 1. Specific disability/disorder (DSM-V), including when student was first diagnosed, severity, and current symptoms:

- 2. Identify the specific limitations/impairment caused by the disability and how this substantially limits one or more major life activities for this student:

¹The provider completing the form cannot be a relative of the student.

² 42 U.S.C. § 3604(f)(3)(B)



3. Explain how the accommodation of an ESA is necessary for the individual to use and enjoy campus housing²:

4. Identify any other accommodations that may be effective in allowing use and enjoyment of housing. If applicable, indicate any mitigating measures that have been tried, or are currently being used, and how they alleviate or eliminate limitations:

5. 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?

6. Has the proposed ESA undergone any specific training?

7. Have you discussed with the student, the importance of reading and understanding the College policy on ESAs?

Name of Treating Professional: _____

License #: _____

Address: _____

Phone: _____

Signature of Treating Professional: _____ **Date:** _____

Please Return Form to:

CSSAS

900 North Grand, Ste. 61544, Sherman, TX 75090

Office: (903) 813-2454, Fax: (903) 813-2038

Email: cssas@austincollege.edu

¹The provider completing the form cannot be a relative of the student.

² 42 U.S.C. § 3604(f)(3)(B)



ESA Roommate/s Agreement

ESA Owner: _____

Residence: _____

Room/Suite Number: _____

ESA Name: _____

Type of Animal: _____

Breed/Color: _____

ROOMMATE/SUITEMATE(S):

By signing below, you agree to live in the same Austin College residence as the above-mentioned Emotional Support Animal (ESA) owner. You also understand that the ESA owner is solely responsible the care and behavior of the animal at all times. Please refer to the ESA Policy for more information.

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

_____	_____	_____
Printed Name	Signature	Date

RESIDENCE LIFE VERIFICATION: *A staff member from the Office of Residence Life (Wright Campus Center, Room 201) must verify that the listed residence, room/suite number, and provided roommates are accurate prior to ESA approval. False or missing information will lead to the automatic denial of your application.*

_____	_____
Patrick Miller, Director	Date



ESA Off-Campus Emergency Contact Information

An off-campus, alternative caretaker, will be called in the event an emergency keeps the owner away from campus for a prolonged period of time.

Printed Name: _____

Phone Number: _____

Relationship to ESA Owner: _____