**Request for Information: Emotional Support Animal**

**Section One: To be Completed by the Student**

Keystone ID: Student’s Name:

Keystone Email: Preferred Phone Number:

Proposed ESA

Name:

Type of Animal: Age of Animal:

**Please sign this form before providing it to your chosen health care provider or reliable third party to complete:**

By signing below, I consent to allowing my health care provider or reliable third party to share any information relevant to my need for housing accommodations, as shown on this form, with the Office of Disability Servicesat Keystone College.

Student Signature Date

**Section Two: To be Completed by the Health Care Provider**

*The health care provider or reliable third party does not need to use this specific form, but all the information requested here is necessary for the institution to have in order to consider the request for housing accommodations; the form is provided as a convenience. Information provided, not using this form, must be submitted on official letterhead.*

To properly evaluate how the Keystone College can best meet the student’s need for **requesting a Support Animal or Emotional Support Animal (ESA) in College housing**, the College requires information from a health care provider or reliable third party who has personal knowledge of the student’s disability (as described by the U.S. Department of Housing and Urban Development),[[1]](#endnote-1) including the use of a Support Animal to address limitations that result from such disability.

Specifically, the information provided on this form will be reviewed to determine whether:

1. The student is a person with a documented disability;
2. The Support Animal being requested is necessary to afford the student, as a person with a disability, an equal opportunity to use and enjoy the on-campus housing facilities; and
3. There is an identifiable relationship between the disability and the support that the Support Animal provides.

We accept documentation from providers in the State of Pennsylvania or the student’s home state who have personal knowledge of the student, consistent with their professional obligations. 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 professionals who consult with them lack the personal knowledge that is necessary to make such determinations.

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

1. Does the student have a disability, a.k.a. a physical or mental impairment that substantially limits one or more major life activities?*Examples of major life activities include impairments to seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning, speaking, working, and other impairments that may substantially limit at least one major life activity or bodily function.[[2]](#endnote-2)*

**Yes / No**

If Yes, please describe which major life activities or bodily functions are impaired:

1. Does the student need the Support Animal or Emotional Support Animal because the animal does work, performs tasks, provides assistance, and/or provides therapeutic emotional support related to the student’s disability?[[3]](#endnote-3) **Yes / No**

If Yes, please describe Describe how the Support Animal or Emotional Support Animal does work, performs tasks, provides assistance, or provides therapeutic emotional support that reduces the symptoms and/or effects of the student’s disability:[xi](#_bookmark10)

* I verify that the named student information is correct, and that I have personal knowledge of this student (i.e. knowledge used to diagnose, advise, counsel, treat or provide health care or other disability-related services to a patient/client).

*Thank you for taking the time to complete this form. If we need additional information, we may advise the student to contact you.*

Address: Keystone College

Attn: Office of Disability Services

One College Green

La Plume, PA 18440

Email: [disabilityservices@keystone.edu](mailto:disabilityservices@keystone.edu)

Fax: 570-945-8969

**Contact information:**

Name:

Type of License (If Applicable):

License # (If Applicable):

Address:

Telephone:

Email:

Signature:

Date:

1. Per guidance from the U.S. Department of Housing and Urban Development, personal knowledge in this context includes “the knowledge used to diagnose, advise, counsel, treat, or provide health care or other disability-related services to their patient/client.” available at <https://www.hud.gov/sites/dfiles/PA/documents/HUDAsstAnimalNC1-28-2020.pdf>, 16 [hereinafter “HUD Guidance”] [↑](#endnote-ref-1)
2. *See* 24 C.F.R. § 100.201. [↑](#endnote-ref-2)
3. HUD Guidance, 11, 17. [↑](#endnote-ref-3)