

## EMOTIONAL SUPPORT ANIMAL (ESA) VERIFICATION FORM

Kenyon College is committed to supporting students with disabilities by allowing Emotional Support Animals (ESAs) when an ESA is necessary for them to be able to use and enjoy their residential living space. The [Emotional Support Animal \(ESA\) Policy](#) applies to all students and explains the specific steps necessary to request an emotional support animal at Kenyon College.

The American with Disabilities Act (ADA) defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The three factors influencing a determination of substantial limitation are 1) the nature and severity of the impairment, 2) the duration or expected duration of the impairment, and 3) whether the impairment is characterized as permanent or long-term.

Students **must** complete and submit an [Emotional Support Animal \(ESA\) Request Form](#) to the SASS Office. When the disability and/or need for accommodation is not obvious, students are required to have a treating healthcare provider complete and submit an Emotional Support Animal (ESA) Verification Form to the SASS Office. This form provides the SASS Office with reliable documentation that the student has a disability. Documentation must also show that the requested ESA is necessary for them to use and enjoy their residential living space; in addition, there must be an identifiable relationship, or nexus, between the requested ESA and their disability. The treating health care provider completing the form must specialize in a field consistent with the diagnosis, as well as be familiar with the student's disability and the necessity for the requested ESA. To avoid any conflict of interest, documentation must be provided by a non-family healthcare provider.

Please see the [Emotional Support Animal \(ESA\) Policy](#) for additional information.

STUDENT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT DATE OF BIRTH: \_\_\_\_\_ Date of most recent visit: \_\_\_\_\_

NAME OF PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**PLEASE SUBMIT ANSWERS TO THE FOLLOWING QUESTIONS:**

- 1) Based upon the definition above, does this student have a disability?     Yes     No
- 2) If yes, please state the medical diagnosis: \_\_\_\_\_
- 3) Is this condition permanent?     Yes     No
- 4) Does the student require ongoing treatment?     Yes     No
- 5) Please state the date of diagnosis: \_\_\_\_\_
- 6) Was this diagnosis made by you?     Yes     No
- 7) If the diagnosis was not made by you, by whom was it made? \_\_\_\_\_
- 8) How long have you known this student and in what capacity? \_\_\_\_\_

**On attached letter head**, please answer the following questions related to the nexus of the student's disability and the presence of an ESA in the residence:

- 1. In your opinion, how important is it for the student's well-being that an ESA be allowed in their residential space?
- 2. What specific symptoms of this student's disability would or could be alleviated by the ESA?
- 3. Is there evidence that an ESA has helped the student in the past or currently?
- 4. Please explain how the animal is necessary for the student in order to be able to use and enjoy their residential living space.

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.

Please sign and date this questionnaire (below) and return it to [Sass@kenyon.edu](mailto:Sass@kenyon.edu).

Professional signature \_\_\_\_\_  
Type of License \_\_\_\_\_

Date: \_\_\_\_\_  
License #: \_\_\_\_\_

**STUDENT** (please sign this form before providing it to your treating health provider to complete):  
By signing below, I consent to allowing my health care provider to share any information relevant to my request for an ESA as an accommodation in the residence hall, as shown on this form, with the Director of SASS at Kenyon College for the next 60 days,

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

*Please return this completed document to:*  
*Erin Salva, Director of SASS*  
*sass@kenyon.edu*  
*Kenyon College*  
*Gambier, OH 43022*  
*Telephone: (740) 427-5453 Fax: (740) 427-5702*  
[salvae@kenyon.edu](mailto:salvae@kenyon.edu)

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