

## EMOTIONAL SUPPORT ANIMAL REQUEST FOR INFORMATION

*Privileged/Confidential Information may be contained in this document.*

Student name: \_\_\_\_\_  
Type of animal: \_\_\_\_\_  
Age of animal: \_\_\_\_\_

To properly evaluate how Iowa Central Community College can best meet the student's need for **requesting an Emotional Support Animal (ESA) in a College residence hall**, Iowa Central Community College requires specific diagnostic information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the above named student's disability, including the intentional use of an ESA to address specific functional limitations that result from the student's physical or psychological condition(s). The licensed clinical professional or healthcare provider providing the information and completing this form **cannot** be a relative of the above named student or the student and must engaged in her/his profession in the State of Iowa or the student's home state. The licensed clinical professional or healthcare provider should completely respond to all questions and may attach additional related information.

1. Have you individually examined and treated the above named student?  
No \_\_\_\_.  
Yes \_\_\_\_.
2. Does the above named student whom you have individually examined and treated have a physical or mental impairment that substantially limits one or more major life activities (a disability as defined by law)?  
No \_\_\_\_.  
Yes \_\_\_\_\_. Describe what major life activity or activities are impaired:
3. Does the above named student require ongoing treatment for the above described disability? Describe the treatment that you have prescribed and how long the student has received that treatment.
4. Is the above described animal specifically prescribed by you as an integral part of the above described treatment for the named student?  
No \_\_\_\_.  
Yes \_\_\_\_\_. Describe in what manner and for what length of time the above described animal has assisted in alleviating the symptoms of the named student's disability. Please be specific.

5. Have you discussed with the above named student the responsibilities associated with properly caring for the above describe animal while engaged in typical college activities and residing in campus housing?  
 No \_\_\_\_.  
 Yes \_\_\_\_ . Describe what you have discussed with the above named student.
6. In your professional opinion, will performing the responsibilities (you have described in response to item number 5) by the above named student exacerbate in any manner the student’s disability symptoms?  
 No \_\_\_\_.  
 Yes \_\_\_\_ . State the basis of your opinion.

I am verifying that the above named student information is correct, that the student is a patient whom I have been treating, and that I am not a relative of the student.

_____	_____	_____
Name of Licensed Clinical Professional or Healthcare Provider	License Number	State
_____	_____	_____
Street Address	City	State
_____	_____	_____
Signature	Date	

I, \_\_\_\_\_, the above named student, request and authorize the above named licensed clinical professional or healthcare provider to provide the requested information to Iowa Central Community College. Please return this completed form to:

Samantha Reeves  
 Academics and Accommodations Coordinator  
 Iowa Central Community College  
 One Triton Circle  
 Fort Dodge, Iowa 50501

_____	_____
Signature of Student	Date



**Non-Discrimination Statement:** It is the policy of Iowa Central Community College not to discriminate on the basis of race, color, national origin, sex, disability, age (employment), sexual orientation, gender identity, creed, religion, and actual or potential parental, family or marital status in its programs, activities, or employment practices as required by the Iowa Code §§ 216.6 and 216.9, Titles VI and VII of the Civil Rights Act of 1964 (42 U.S.C. §§ 2000d and 2000e), the Equal Pay Act of 1973 (29 U.S.C. § 206, et seq.), Title IX (Educational Amendments, 20 U.S.C. §§ 1681 – 1688), Section 504 (Rehabilitation Act of 1973, 29 U.S.C. § 794), Age Discrimination Act of 1975 (34 CFR Part 110), and Title II of the Americans with Disabilities Act (42 U.S.C. § 12101, et seq.). If you have questions or complaints related to compliance with this policy, please contact Kim Whitmore, Director of Human Resources, phone number 515-574-1138, [whitmore@iowacentral.edu](mailto:whitmore@iowacentral.edu); or the Director of the Office for Civil Rights, U.S. Department of Education, Citigroup Center, 500 W. Madison, Suite 1475, Chicago, IL 60661, phone number 312-730-1560, fax 312-730-1576.