





*By signing below, the Emergency Contact agrees to this role and accepts the responsibilities of being the Emergency Caretaker.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*By signing below, I consent to allowing my health care provider to share any information relevant to my need for an ESA as an accommodation, as shown on this form, with the student Accessibility Services office.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

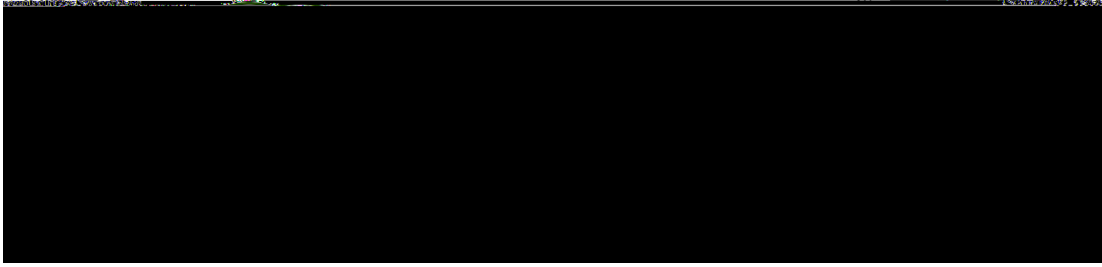
*The above-named student has indicated that you are the health care provider who has suggested that having an Emotional Support Animal (ESA) in the residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's mental health disability. Generally, we prefer documentation from providers in the State of Rhode Island 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.***



**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.*



**Information About the Proposed ESA**

*(Please note that there are some restrictions on the kind of animal that may be approved for the residence hall; it is possible the student may be approved for an ESA based on the information you provide here, but may not be allowed to bring the specific animal identified.)*

5.) Is the animal identified here one that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while in residence on campus?

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6.) What specific symptoms will be reduced by having an ESA, and how will those symptoms be mitigated by the presence of the ESA?

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7.) Is there evidence that an ESA has helped this student in the past or currently? If yes, please explain.

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**Importance of ESA to Student's Well-Being**

8.) In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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9.)



10.) Have you discussed with the student 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? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

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*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 (Page 1) authorizing you to share additional information with us in support of the request.*

*We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but 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**