REQUEST FOR INFORMATION  
Re: Emotional Support Animal  
To be completed by the supporting mental health provider

Student Name: ____________________________________________

Proposed ESA Name:______________________________________

Type of animal: ________________________________

Age of animal: ______________

The above-named student has indicated that you are the mental health provider who has prescribed an Emotional Support Animal (ESA) to the student living on campus at Montclair State University to alleviate one or more identified symptoms or effects of the student’s disability. The University accepts documentation from providers actively treating the student in the State of New Jersey or the student’s home state. So that we may better evaluate the request for this accommodation, please answer the following questions:

**Information about the Student’s Disability**

(A person with a disability is defined as someone who has “a physical or mental impairment that substantially limits one or more major life activities.”)

What is the nature of the student’s mental health impairment (that is, how is the student substantially limited?)

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Does the student require ongoing treatment?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
How long have you been treating the student for this condition?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Information about the Proposed ESA
Is this an animal 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?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What symptoms or disability will be reduced or alleviated by having the ESA?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Is there evidence that an ESA has helped this student in the past or currently?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Importance of ESA to Student’s Well-Being
In your opinion, how important is it for the student’s well-being that the ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. 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 provide contact information, sign and date this questionnaire (below), and return it to DRC@montclair.edu

Contact information: ____________________________________________________________

Address: ___________________________________________________________________

Telephone: __________________________

FAX and/or Email address: __________________________

Professional Signature: __________________________

License #:__________________________________________

Date: ______________________