MARS HILL UNIVERSITY 1856
Mars Hill University Office of Disability Services
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HEALTHCARE PROVIDER VERIFICATION FORM: REQUEST FOR EMOTIONAL SUPPORT ANIMAL IN UNIVERSITY HOUSING

Student Name: _____ MHU Email: _____

Mars Hill University allows reasonable accommodations for students with disabilities who have verifiable needs. In order to best evaluate a student's request for an Assistance/Emotional Support Animal in a residence, the University requires specific diagnostic information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student's disability, including the intentional use of an ESA to address specific functional limitations that result from the student's physical and/or psychological conditions. The provider completing this form cannot be a relative or a student. The provider may completely respond to all questions on this form or on office letterhead.

1. **Does this student who you have individually evaluated and treated have a physical or mental impairment that substantially limits one or more major life activities?**

   _____ No

   _____ Yes: Describe what major life activities are impaired: _____

   _____

   _____

   _____

2. **Identify the disability-related need for an ESA. Explain how having the animal in residence will alleviate or reduce one or more of the identified symptoms or effects that are a result of this individual's existing substantially-limiting disability.**

   _____

   _____

   _____

   _____

   _____

3. **What type of animal is being requested?** _____

HEALTHCARE PROVIDER INFORMATION

_____ I am verifying that the 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.

Provider Name (print):_____ Credentials/License: _____

Signature of Verifier: _____ Date: _____

Address (Print or Provide Office Stamp): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____