

## Campus Disability Resource Center

### Student Emotional Support Animal Verification Form

The completed form should be returned to the Campus Disability Resource Center at Cal Poly Humboldt either in person, via fax or as an attachment to a student email.

The student named below may be eligible for reasonable accommodations provided under the Americans with Disabilities Act as amended. To provide services, Cal Poly Humboldt must have a disability diagnosis. This information will remain confidential in accordance with the Health Insurance Portability and Accountability Act (HIPAA), public law 104-191.

#### Section 1: Student Information (To be completed by student)

I authorize the release of information requested on this Student Emotional Support Animal (ESA) Verification Form to the Campus Disability Resource Center at Cal Poly Humboldt. **This release is valid for one year from today's date or unless otherwise revoked.**

\* Indicates required field

Name: \* Humboldt ID#: \*

Address: \* City: \* State: \* Zip Code: \*

Phone Number: \* Humboldt email: \*

Student Acknowledgment: \*

I confirm that the practitioner below is an individual from whom I have received therapeutic or medical services for at least the past 30 days. \*

I further understand that this is a process which includes an appointment with an Accessibility Advisor **prior** to moving into my on-campus residence with my animal. \*

I acknowledge that bringing my animal to my on-campus residence without authorization, I may be in violation of the Animals on Campus Policy P17-08 and may face fines or other penalties. \*

Student Signature:

Date:



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## REMAINDER OF FORM TO BE COMPLETED BY PRACTITIONER

To assist Cal Poly Humboldt in evaluating the request for an ESA and other services, the following information is required.

### Section 2: Disability Information

The 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 or one or more major bodily functions.”

Diagnosis: \*

Date of initial appointment with student: \*

Are you providing ongoing treatment? \*                      Yes                      No

If no, who will be providing ongoing treatment?

### Section 3: Information About the Proposed ESA

ESA Name: \*

Type of Animal: \*

Age of Animal: \*

Please describe how you determined that this specific animal or species provides relief of symptoms brought on by the student’s disability (as diagnosed on this form).

### Section 4: Licensed Practitioner Information

Name: \*

License Number: \*

Type of License: \*

Address: \*

City: \*

State: \*

Zip Code: \*

Phone Number: \*

Fax Number: \*

Provider Signature: \*

Date: \*

**\*\* This form will not be accepted without signature from practitioner \*\***