



Office of Accessibility and  
Accommodations  
Eastern Illinois University  
600 Lincoln Ave  
Charleston, IL 61920  
217-581-6583

## **REQUEST FOR INFORMATION**

### **Emotional Support Animal**

*(The health care provider need not use this specific form, but all the information requested here is necessary for the institution to have in order to consider the request for an ESA; the form is provided as a convenience. This form should be completed in full by the provider and not by the resident.)*

**RESIDENT (please sign this form before giving it to your mental health provider to complete):**

**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 personnel from the OAA for the next 60 days.**

\_\_\_\_\_  
**Resident's Signature**

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

**Resident's Name:** \_\_\_\_\_

**Resident's E#:** \_\_\_\_\_

**The remainder of this form must be completed by a relevant certified health care provider who is recommending that the resident requires an ESA as part of an ongoing mental health treatment plan.**

The above-named resident 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 resident's mental health disability. Generally, we accept documentation from providers in the State of Illinois or the resident's home state who have personal

knowledge of the resident, consistent with their professional obligations. Reliable supporting documentation may be provided by a physician or medical professional licensed in Illinois who does not operate in this state solely to provide certification/support for ESAs.

An emotional support animal registration of any kind, including but not limited to an identification card, patch, certificate, or similar registration obtained electronically or in person, is not, by itself, sufficient information to reliably establish that an individual has a disability-related need for an emotional support animal.

So that we may better evaluate the request for this accommodation, please answer the following questions.

### **Information About the Resident'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. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). What is the nature of the resident's mental health impairment (that is, how is the resident ***substantially limited***)?

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Documentation of disability should come from a source with an ongoing therapeutic relationship with the resident. A therapeutic relationship entails services provided by a health care provider in good faith and with actual knowledge of an individual's disability and disability-related need for an ESA. It does not include documentation that purports to confirm the need for an ESA without conducting a meaningful assessment.

When did you first meet with the resident regarding this mental health diagnosis?

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What is the nature of your meetings (i.e., face-to-face meetings or virtual interaction)?

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When did you last interact with the resident regarding this mental health diagnosis?

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How often have you seen the resident (or plan to see the resident) for further counseling/treatment? \_\_\_\_\_

What specific symptoms is this resident experiencing, and how will those symptoms be mitigated by the presence of the ESA? General assessments are typically insufficient. For example, a statement that “The animal alleviates anxiety” is too general and does not explain HOW the animal may alleviate the symptoms of this resident’s disability.

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### **Information About the Proposed ESA**

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

Name: \_\_\_\_\_

Type of animal: \_\_\_\_\_ Age of animal: \_\_\_\_\_

Size of the cage needed for containment: \_\_\_\_\_

(animal must be caged/crated when resident is not in the room)

Dogs and cats are most often requested as ESAs and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this resident, please explain why you believe that animal is a better choice.

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Is the animal named here one that you specifically recommended as part of treatment for the resident, or is it a pet that you believe will have a beneficial effect for the resident while in residence on campus?

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Is there evidence that an ESA has helped this resident in the past or currently? If not, why do you believe this may be an effective support for the resident now?

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Please address the likely impact on the resident should the following scenario occur: once the resident is living with the animal in the resident housing unit, the animal is permanently removed from the unit because of a violation of policy (e.g. the animal injures someone or destroys property) and balance this impact, if any, against the benefit that you expect the animal to provide to the resident.

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This resident was provided with a copy of the rules and restrictions surrounding the presence of an animal in residence in the University housing. Has the resident shared those restrictions with you? \_\_\_\_\_

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 resident's symptoms in any way? (If you have not had this conversation with the resident, we will discuss with the resident at a later date.)

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Prognosis: Describe the anticipated progression or stability of the disability, including any recommendations for future reevaluation.

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*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 resident and the campus community. 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 resident has signed this form (above) indicating written permission to share additional information with us in support of the request.*

**Please provide contact information, sign and date this questionnaire, and return it to [accommodations@eiu.edu](mailto:accommodations@eiu.edu) or fax to 217-581-7208.**

By my signature below, I certify that the information provided above is true and accurate. I confirm I have expertise, history, and knowledge of the resident's impairment, which meets the standards of a disability as defined by the ADA, as amended.

Physician/Clinician Name: \_\_\_\_\_

Medical Specialty: \_\_\_\_\_

License/Certification #: \_\_\_\_\_

Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: This form has been approved for use as of April 1, 2026. The institution reserves the right to update this form, as appropriate, at any time.