

University of Southern Mississippi
STUDENT ACCESSIBILITY SERVICES

REQUEST FOR INFORMATION Re: Emotional Support Animal

(The health care provider need not use this specific form; however, all the information requested here is necessary for the institution to have in order to consider the request for an ESA. This form is provided as a convenience.)

Student's Name: _____ Date Form Completed: _____

The abovenamed 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 accept documentation from providers in the State of Mississippi or the student's home state who have personal knowledge of the student, consistent with the provider's professional obligations. Important to note that Mississippi state law (Miss. Code Ann. § 839-351, 2017) prohibits out-of-state healthcare providers, not licensed in Mississippi, from providing telehealth/telemedicine services to someone geographically located within the state of Mississippi. In addition, letters purchased from the internet for a set price rarely provide

SECTION 2: INFORMATION ABOUT THE PROPOSED ESA

3. Do you believe those responsibilities might exacerbate the student's symptoms in any way? If so, in what way might the student's symptoms be exacerbated and have you discussed this with the student? (If you have not had this conversation with the student, we will discuss with the student at a later date)

SECTION 4: CONTACT INFORMATION AND SIGNATURE

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. 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, and return it to:

Student Accessibility Services
118 College Drive, Box #8586
Hattiesburg, MS 39401
601.266.5024
sas@usm.edu

Provider's Signature: _____

Provider's Name (Please Print): _____

Type of License: _____ License #: _____

Name of Practice: _____

Street Address: _____

City: _____ State: _____

Telephone Number: _____