



DISABILITY AND ACCESS

THE UNIVERSITY OF TEXAS AT AUSTIN

100 West Dean Keeton St. A4100 · Austin, TX 78712-1093  
disability.utexas.edu · (512) 471-6259 · FAX (512) 475-7730 · VP (512) 410-6644

**Disability and Access  
Verification Form for Students  
Requesting Emotional Support Animals**

This form is intended to assist in meeting our documentation requirements for students requesting to bring an emotional support animal to live in campus housing. However, if not thoroughly completed, it may not be sufficient as the sole form of documentation provided. Please refer to the “Guidelines for Documenting Requests for Emotional Support Animals” for comprehensive documentation requirements and additional information. To ensure the provision of reasonable and appropriate accommodations, students requesting services must provide current documentation of the disability. The age of acceptable documentation is dependent upon the condition and the nature of the student's request for accommodations. Documentation that reflects the *current* impact on the student's functioning should be submitted. Present symptoms that meet the criteria for the diagnosis must be noted. To standardize our gathering of information, we ask that you complete the following questions, even if the material has already been included in your evaluation. If the space provided is not adequate, please attach a separate sheet of paper. All information will be kept confidential. Please feel free to contact D&A at (512) 471-6259 with questions.

***The information below is to be completed and signed by the student.***

I request and authorize The University of Texas at Austin University Health Services (UHS), Counseling & Mental Health Center (CMHC), Disability and Access and/or my off-campus provider  
(name) \_\_\_\_\_ to release, fax, mail or  
discuss with each other information related to my request for housing accommodations

Student Name \_\_\_\_\_ EID \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*If the information above is left blank or is incomplete it may delay or prevent D&A from contacting the student*

***The information below is to be completed and signed by the Provider.***

**1. Please list all DSM-5 or ICD Diagnoses (name and at least one code):**

Diagnoses:

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
	DSM-5 diagnosis name(s)	DSM-5 code(s)	ICD-10 code(s)

a. Approximate onset of diagnosis

- Child-approximate age: \_\_\_\_\_
- Adolescent-approximate age: \_\_\_\_\_
- Adult-approximate age: \_\_\_\_\_
- Unknown

b. Date of initial contact with student: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

c. Date of your last office visit with student: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

d. Date of your next office visit with student: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

e. Approximate number of sessions with student: \_\_\_\_\_

**2. Disability Determination**

a. How did you arrive at this diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.

- Structured or unstructured interviews with student.
- Interviews with other persons (i.e. parent, partner, therapist).
- Completed forms/checklists/screeners.
- Behavioral observations.
- Other (Please specify):  
\_\_\_\_\_

b. Describe the symptoms related to the student's condition that cause significant impairment in a major life activity:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Current treatment being received by student:

Individual/Group therapy:

Frequency: \_\_\_\_\_

Medication management:

Current medications: \_\_\_\_\_

Physical / Occupational therapy

Frequency: \_\_\_\_\_

Other (please describe):

\_\_\_\_\_

d. Severity of symptoms:

Mild

Moderate

Severe

e. Prognosis of disorder:

Good

Fair

Poor

### ***3. Emotional Support Animal Assessment***

a. Type of emotional support animal being recommended: \_\_\_\_\_

b. Please indicate the following:

Student has an existing relationship with an animal.

Student was recommended an emotional support animal but does not yet have one.

Other: \_\_\_\_\_

c. Provide specific examples of how the emotional support animal functions as treatment or ameliorates symptoms of the student's disability (e.g., explain how the animal reduces anxiety, prevents or shortens episodes, improves sleep, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. How were disability-related benefits determined? Please check all that apply.

Direct observation of student with animal present

Direct observation of student without animal present

Student self-report information

Interview information from others (parent, partner, therapist)

Other: \_\_\_\_\_

*Thank you for your help in providing this information. This form should be signed and returned via fax, mail or email to the D&A office at the address shown at the end of this document.*

***All documentation submitted to D&A is considered confidential***

***Provider Information***

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

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

Print Name and Title: \_\_\_\_\_

State of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Address \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please return this form to:**

The University of Texas at Austin  
Division of Student Affairs  
Disability and Access  
100 W. Dean Keeton St. Stop A4100  
Austin, TX 78712-1093  
Phone: (512) 471-6259  
Email: [access@austin.utexas.edu](mailto:access@austin.utexas.edu)  
Fax: (512) 475-7730  
VP (512) 410-6644

***Attach Provider Business Card Here***