DISABILITY RESOURCE CENTER

TEXAS A&M UNIVERSITY - KINGSVILLE

MSC 112, 700 UNIVERSITY BLVD. KINGSVILLE, TEXAS 78363
drc.center@tamuk.edu.· (361) 593-3024

Disability Resource Center Verification Form for Students Requesting an Emotional Support Animal

This form is intended to assist with documentation collection related to an accommodation request for an emotional support animal in campus housing. Please refer to the "Guidelines for Students Requesting an Emotional Support Animal (ESA)" for additional information. Students must establish that they have a disability and that the requested accommodation is reasonable and necessary. To be acceptable, documentation must reflect the *current* impact of the disability on the student's functioning. Present symptoms that meet the criteria for the diagnosis should be noted. To standardize the accommodation request process, students and providers should complete this form even if the information is already included in other documentation. If the space provided is not adequate, please attach a separate sheet of paper. *The provider cannot be a relative of the student.* All information will be kept confidential. Please contact DRC at (361) 593-3024 with questions.

Texas Human Resources Code Section 121.006 makes it a Class C misdemeanor to intentionally misrepresent an animal as a trained service or assistance animal when it is not.

If any information is left blank or is incomplete, it may delay or prevent DRC from completing the accommodation request process.

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

I authorize the Texas A&M University-Kingsville Disability Resource Center to contact my provider to discuss my diagnosed disability related to this request.

_____
Provider Name

_____ _____
Student's name (printed) K#

_____ _____
Student signature Date

_____ _____
Student email address Student Phone Number

This authorization expires one (1) year from the signature date above.

The information below is to be completed by the provider.

Please provide the requested information directly on this form or on an attached separate sheet of paper, as necessary. Responses that direct DRC to see other documentation for the information will be considered incomplete.

1. Disability Determination

a. Provide a statement of the student's disability or disabilities related to this accommodation request:

_____

_____

_____

_____

_____

b. Date of initial clinical contact with student: _____

☐ In-person ☐ Virtual

c. Date of most recent office visit with student: _____

☐ In-person ☐ Virtual

d. Date of next office visit with student: _____

☐ In-person ☐ Virtual

e. Approximate number of sessions with student: _____

☐ In-person ☐ Virtual ☐ Both

f. Describe how the symptoms of the student's disability cause significant impairment of one or more major life activity:

_____

_____

_____

2. Emotional Support Animal Assessment

a. Emotional support animal recommended: _____

☐ Student has an existing relationship with the recommended animal.

When did the student acquire the animal? _____

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

b. Explain why the specific emotional support animal identified above is recommended:

_____

_____

c. Describe your observations of the student with the animal that informed your decision to recommend the specific emotional support animal identified above:

_____

_____

_____

d. Provide specific examples of what ameliorative effects on the student's disability the recommended emotional support animal provides:

_____

_____

_____

e. Explain how the recommended emotional support animal is necessary to achieve those ameliorative effects on the disability to afford the student an equal opportunity to use and enjoy their assigned campus housing:

_____

_____

_____

Provider Certification

I certify, by my signature below, that I am a qualified health care provider who has an established therapeutic relationship with the student named above, have personal knowledge of the information provided in this form, and agree with the diagnostic assessment provided. I further certify that I am not related to the student.

Printed name and title: _____

Signature: _____ Date: _____

State of License: _____ License No.: _____

Address: _____
Street City State Zip Code

Phone No.: _____

Attach Business Card Here

This form must be signed and returned to the DRC office using one of following options:

Option 1 – Provider:

Complete this form and return if to the Disability Resource Center by mail:

Texas A&M University-Kingsville
Disability Resource Center
MSC 112, 700 University Blvd.
Kingsville, Texas 78363

Option 2 – Student:

Upload this form through the AIM Portal.