

## **Letter to the Licensed Healthcare Provider**

Dear Licensed Healthcare Provider (e.g., licensed counselor, psychologist, physician),

A student at the University of Science and Arts of Oklahoma (USAO) has identified you as their treating provider and requested that you submit a **Letter of Recommendation** in support of their request for an **Emotional Support Animal (ESA)** accommodation in university housing. The Letter of Recommendation must be completed by the licensed healthcare provider on a **professional letterhead** in reference to the questions outlined in this form. USAO's Accessibility Specialist, who is authorized to evaluate and approve such accommodations, will review this request following federal disability law and institutional policy.

USAO generally accepts documentation from providers licensed in Oklahoma or in the student's home state who have personal knowledge of the student in line with their professional responsibilities. **Please note that documentation obtained through online services in exchange for a set fee typically does not meet our documentation requirements.** Such letters lack sufficient information to support an ESA request and do not reflect an established provider-patient relationship.

The Federal Trade Commission (FTC) is investigating websites that sell documentation from health care providers to support ESA requests. These websites offer documentation that is not reliable for determining whether an individual has a disability or a disability-related need for an ESA, as the operators and health care professionals involved lack the personal knowledge required to make such determinations.

This form and any applicable supporting documents can be submitted via email at [accessibilityservices@usao.edu](mailto:accessibilityservices@usao.edu) or via fax at 405-574-1220.

Thank you for your attention to this matter.

Sincerely,

**USAO's Accessibility Specialist**

Note: ESAs may not be brought to university housing until official approval is granted by the Accessibility Specialist through an ESA approval email. Please submit all necessary information with sufficient lead time to allow full consideration of the request.

## Student Verification for an Emotional Support Animal Request

These forms are part of USAO's process for evaluating a student's request to keep an emotional support animal (ESA) in university housing as a reasonable accommodation for a documented disability. The fields below must be completed by the student requesting the ESA accommodation before submitting the forms to their licensed healthcare provider for review and completion.

### Student and Animal Information

---

- |                           |  |
|---------------------------|--|
| • Student Name:           | • Animal's Name                                    |
| _____                     | _____  |
| • Student ID Number:      | • Type/Breed of Animal:                            |
| _____                     | _____  |
| • Student Email:          | • Animal's Age:                                    |
| _____                     | _____  |
| • Student Contact Number: | • Size of crate required for<br>containment: _____ |
| _____                     |  |

### Student Agreement

---

By signing below, I consent to my licensed healthcare provider sharing relevant information with USAO's Accessibility Specialist in the Office for Accessible Education (OAE) about my need for an ESA as an accommodation. I understand that this form must be submitted to the OAE within **60 days of my (the student's) signature**, and that ESA approval is subject to annual renewal and reauthorization.

Student Name (printed): \_\_\_\_\_

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

## Relevant Questions for the Letter of Recommendation

Dear Licensed Healthcare Provider,

The student who identified you as their treating provider has provided their personal information, details about their proposed emotional support animal (ESA), and signed consent to release relevant information on the previous page. We respectfully ask that you review this information and consider the questions outlined below prior to writing a separate Letter of Recommendation on your professional letterhead.

1. **Disability Qualification:** Federal law defines disability as a “physical or mental impairment that substantially limits one or more major life activities.” This means that a diagnosis alone does not necessarily equate to substantial limitation. What is the nature of the student’s mental health impairment, and how is the student substantially limited?
2. **Provider-Student Relationship:** Documentation of the disability must come from a provider with direct personal knowledge of the individual requesting the ESA. This ensures the provider can reliably verify both the need for the ESA and the connection between the disability and the animal’s presence in university housing. When did you first meet with the student regarding this mental health diagnosis?
3. **Recency and Mode of Interaction:** What is the nature of your meetings with this student (e.g., face-to-face or virtual interactions), and when did you last interact with the student regarding their mental health diagnosis?
4. **Frequency of Contact:** How often have you seen the student (or plan to see the student) for further counseling or treatment?
5. **Symptom Mitigation by ESA:** What specific symptoms is this student experiencing, and how will the presence of an ESA mitigate those symptoms? (Note: General statements such as “the animal alleviates anxiety” are typically insufficient. Please explain how the animal addresses specific symptoms of this student’s disability.)
6. **Animal Type and Suitability:** Dogs and cats are most often requested as ESAs and seem best suited to adapting to the communal living setting in university

housing. If another type of animal is suggested for or by this student, please explain why you believe that specific animal is a better choice.

7. **Past or Current Benefit:** Is there evidence that an ESA has helped this student either in the past or currently? If not, why do you believe this may be an effective support for the student now?
8. **Impact of Potential Removal:** If the animal is approved to live on campus but is later removed due to violation of policy (e.g., the animal injures someone or destroys property), how do you believe this removal would affect the student? Is there a way to balance this impact against the benefit you expect the animal to provide for the student?
9. **Discussion of ESA Responsibilities:** Have you discussed the responsibilities associated with proper care for an animal while residing in campus housing and engaging in typical college activities? Do you believe those responsibilities might exacerbate the student's symptoms in any way?
10. **Provider Information:** Please ensure the following information is included in the Letter of Recommendation before final submission:
  - Name
  - Address
  - Telephone #
  - Email address
  - Fax #
  - Professional Signature
  - Date
  - Type of License
  - License #
  - State of Licensure

---

We appreciate your time and thoughtful consideration of this ESA request. The **Student Verification for an Emotional Support Animal Request** form and accompanying **Letter of Recommendation** may be submitted directly by you or by the student to USAO's Accessibility Specialist via email at [accessibilityservices@usao.edu](mailto:accessibilityservices@usao.edu) or by fax at **405-574-1220**. Please note that the **Relevant Questions for the Letter of Recommendation** section is provided as a guide and **is not required** for final submission.

Thank you for your support in helping us ensure appropriate and equitable accommodations for our students. If further information or verification is needed to complete the review process, our office may contact you at a later date.