



Disability Access Services
 P.O. Box 30001, MSC 4149
 Las Cruces, NM 88003-88001
 Phone: (575) 646-6840
 Fax: (575) 646-5222

**New Mexico State University
 Disability Access Services (DAS)**

Diagnosis Verification Form for Emotional Support Animal Requests

Student Name: _____ Aggie ID: _____

The above-named student has informed New Mexico State University (NMSU) that that you are the (physician, psychiatrist, mental health clinician) who has suggested that having an Emotional Support Animal (ESA) in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. Generally, we accept documentation from providers in the State of New Mexico or the student’s home state. In order to make a determination if this request is a reasonable housing accommodation, DAS needs documentation from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student’s disability/impairment and is recommending the emotional support animal for the student. We request receiving sufficient information in order to determine appropriate accommodation(s) in accordance with provisions of state and/or federal laws. Please complete all questions on this form and provide any documentation needed to make this accommodation determination.

** Please Note: Letters purchased from the internet for a set price rarely provide the information necessary to support an ESA request and are generally not reliable for purposes of determining whether an individual has a disability, or disability-related need, for an ESA because the website operators and health care professionals who consult with them can lack the personal knowledge that is necessary to make such determinations.*

Provide a diagnosis of the condition or a brief description of the disability or impairment:

Condition: Permanent Temporary until _____ Severity: Mild Moderate Severe Partial remission

When did you first see the student for the condition: _____ Date of last visit: _____

Are you still the student’s current provider? _____ Frequency of appointments: _____

Name of Emotional Support Animal recommended: _____ Breed/species: _____

What is the nature of the student’s mental health impairment, that is, how is the student substantially limited in major life activities that would require the need of an emotional support animal?

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

What symptoms will be reduced or mitigated by having an ESA?:

Is there evidence that an ESA has helped this student in the past or currently?

In your opinion, how important is it for the student’s well-being that an ESA be in residence on campus?



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Can the student's symptoms be mitigated in other ways besides having an ESA in residence with the student?

What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Yes No

If yes, how do you believe those responsibilities might exacerbate the student's symptoms?

Certifying Clinician/Licensed Practitioner:

Practitioner's Signature: _____ Date: _____

Print Name/Title: _____ License number: _____

Agency/Business Name: _____

Address: _____ Email: _____

Phone Number: _____ Fax Number: _____