



SERVICE PROVIDER SUPPORT LETTER

Student’s Name: _____

Proposed ESA Name: _____

Type of animal: _____ Age of animal: _____

The above-named student has indicated that you are the (physician, psychiatrist, mental health worker) who has suggested that having an Emotional Support Animal (ESA) in student housing 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 Virginia or the student’s home state. So that we may better evaluate the request for this accommodation, **please write a letter of support, on business letterhead** and include the following:

Information About the Student’s Disability (*A person with a disability is defined as someone who has “a physical or mental impairment that substantially limits one or more major life activities.”*)

What is the nature of the student’s mental health impairment (that is, how is the student substantially limited?)

Does the student require ongoing treatment?

When did you first meet with the student regarding this mental health diagnosis?

Information About the Proposed ESA (*Please note that there are some restrictions on the kind of animal that can be approved for student housing; it is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.*)

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 by having an ESA?

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

Importance of ESA to Student’s Well-Being

In your opinion, how important is it for the student’s well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

Please send the letter by fax, email a scanned copy, or regular post to:

Diane Roy, Coordinator of Access Services
2500 Rivermont Avenue
Lynchburg, VA 24503
Fax: 434-947-8399 Email: droy@randolphcollege.edu

If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share such additional information with us in support of the request.

STUDENT: please sign this form before forwarding to your mental health provider

I hereby give permission for you to speak with representatives of Randolph College to give additional information, as needed, to support my request for an ESA.

Student Signature

Date

Student Name (Print)