



## Medical Verification Form – Emotional Support Animal

Student Name: \_\_\_\_\_

Before an ESA request will be reviewed, this form must be filled out by a physician, therapist, or other medical professional who is a) actively treating the student, b) not a member of the student's family, and c) licensed in Ohio or the student's home state. Letters from the Center for Health and Wellness at Marietta College will not be accepted.

To support this student's ESA request, please provide a letter on official letterhead with complete responses to the following:

1. Does this student have a diagnosed disability? If so, please provide detailed information regarding how it may impair this student's daily activities as compared to a non-disabled individual.
2. Please describe your relationship with this student and how long you have been treating them for the previously mentioned diagnosis.
3. Does this student require ongoing treatment for this diagnosis and will you be providing that treatment?
4. Please describe which symptoms will be reduced by having an ESA. Is there any evidence that an ESA has been helpful in the past?
5. Please describe if, or how, an ESA is necessary for this student to access and participate in college housing as compared to a non-disabled student.
6. Please identify any other accommodations that may be equally effective in allowing the student to access and participate in campus housing.
7. Is this student prepared for the responsibility of managing an ESA, in addition to their disability? Please address any concerns you have that this may exacerbate the student's symptoms.

**Please return this form and letter to the office indicated below.** It may be mailed, emailed, or sent in a sealed envelope with the student. If additional information is needed, you will be contacted. Thank you for your assistance.

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Return to:** Lindsay Morgan, Director of Accessibility Services  
215 Fifth St. Marietta, OH 45750  
Email: [LMM009@marietta.edu](mailto:LMM009@marietta.edu)