FLORIDA ATLANTIC UNIVERSITY

RELEASE OF INFORMATION
FOR VERIFICATION OF AN EMOTIONAL SUPPORT ANIMAL

Student will complete this page and provide it to their clinician. The clinician will complete the verification form.

I, _____, herby authorize the release of the following information as well as any pertinent documentation to the Student Accessibility Services at Florida Atlantic University for the purpose of determining my eligibility for accommodations.

Student's Signature _____ Phone: _____

Student's Z# _____ Date of Birth: _____

Check the applicable box below to determine how SAS will receive the verification form:

☐ Please return the completed verification form to client/student.

☐ Please return the completed verification form to the Student Accessibility Services office:

☐ Florida Atlantic University- Boca Campus
Student Accessibility Services
777 Glades Road, SU 133
Boca Raton, FL 33431
tel: 561.297.3880 fax: 561.297.2184

☐ Florida Atlantic University- Jupiter Campus
Student Accessibility Services
5353 Parkside Drive, SR 111F
Jupiter, FL 33458
tel: 561.799.8585 fax: 561.799.8819

FLORIDA ATLANTIC UNIVERSITY

STUDENT ACCESSIBILITY SERVICES
DOCUMENTATION FOR AN EMOTIONAL SUPPORT ANIMAL (ESA)

Health Care Provider completes this form:

Under the Fair Housing Act (FHA), we may request reliable documentation to substantiate the need for an Emotional Support Animal as a reasonable accommodation. A health care provider may complete this form or provide the necessary information on letterhead.

817.265 False or fraudulent proof of need for an emotional support animal.—A person who falsifies information or written documentation, or knowingly provides fraudulent information or written documentation, for an emotional support animal under s. 760.27, or otherwise knowingly and willfully misrepresents himself or herself, through his or her conduct or through a verbal or written notice, as having a disability or disability-related need for an emotional support animal or being otherwise qualified to use an emotional support animal, commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. In addition, within 6 months after a conviction under this section, a person must perform 30 hours of community service for an organization that serves persons with disabilities or for another entity or organization that the court determines is appropriate.

Important: *Please note, changing an existing document after it has been signed, faking a signature, or making a false document are all considered to be a forgery.*

PROVIDER NAME: _____

CREDENTIALS: _____

SPECIALIZATION/SCOPE OF PRACTICE: _____

LICENSE/CERT. #: _____ STATE_____

SIGNATURE: _____ DATE: _____

My signature verifies that I am or have been this student's treating health care professional and that all the contents below are true and accurate.

1. Student's Name: _____

2. What is your professional relationship with this student?

   _____

   _____

3. Dates of treatment:

   _____

   _____

4. Are you an out-of-state telehealth provider? YES☐ NO☐
   - If YES, have you provided in-person care or services to the student on at least one occasion? YES☐ NO☐

5. Does the student have a disability (a physical or mental impairment that substantially limits one or more major life activities)? YES☐ NO☐

6. Do you have personal knowledge of the student's disability and are acting within the scope of your practice in providing this information? YES☐ NO☐

7. What type of animal is the ESA? _____

8. Does the Emotional Support Animal provide support alleviating one or more symptoms or effects of the disability? YES☐ NO☐

9. What particular assistance or therapeutic emotional support does this ESA provide the student?

   ** must be **detailed and specific** to support the student's disability-related need.*