

**RELEASE OF INFORMATION**  
**FOR VERIFICATION OF AN EMOTIONAL SUPPORT ANIMAL**

The student completes the following:

I, \_\_\_\_\_, hereby 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: \_\_\_\_\_

☐ Please return paperwork to client/student.

☐ Please return the completed information to the campus checked below:

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

☐ Florida Atlantic University  
Student Accessibility Services  
3200 College Avenue, LA 131  
Davie, FL 33314  
tel: 954.236.1222 fax: 954.236.1123

☐ Florida Atlantic University  
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**

**Student's Name:** \_\_\_\_\_

1. Do you have a professional relationship with that patient/client involving the provision of health care or disability-related services? YES\_\_\_\_ NO\_\_\_\_

2. Confirmation of a disability: YES\_\_\_\_ NO\_\_\_\_

4. The ESA provides support alleviating one or more symptoms or effects of a disability or disability-related need: YES\_\_\_\_ NO\_\_\_\_

6. What type of animal is the ESA? \_\_\_\_\_

7. Other Information:

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CLINICIAN'S NAME (Printed) \_\_\_\_\_

CLINICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CREDENTIALS \_\_\_\_\_

LICENSE/CERT. # \_\_\_\_\_ STATE \_\_\_\_\_

***Please attach your business card.***