



903.693.2000 • panola.edu

1109 West Panola • Carthage, Texas 75633

Request for Emotional Support Animal in Panola College Housing

COMPLETED FORM SUBMISSION AND INTAKE SCHEDULING

The completed form should be submitted to dss@panola.edu or hand delivered to the DSS office housed in the Charles C. Matthews Student Success Center. All Student Records are confidential. To make an intake appointment, contact DSS office:

Panola College Disability Support Services Office 1109 W. Panola Carthage, TX 75633	Email Disability Support Services	dss@panola.edu
	Phone/fax contact information	903-693-2046 If calling from a TTY/TDD, use Texas Relay at 800-735-2989

STUDENT INFORMATION - to be completed by student

Student Name _____ Panola College Student ID# _____

Student Panola College Email Address _____ Home/Cell Phone# _____

_____@students.panola.edu Alternate Phone # _____

Student Home Address _____ Campus Residence Life/Housing Address _____

REQUIRED

I have read the process and submission information pages of this document, and understand the conditions outlined.

I authorize Panola College to discuss my medical information, reasonable accommodations request for housing, and room assignment with the following person(s) on my behalf.

Name _____ Relationship to student _____

Address _____ Phone Number _____

City _____ State _____ ZIP _____

Student Signature _____ Date _____

Panola College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, disability or genetic information.



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STUDENT HEALTHCARE SECTION – to be completed by healthcare provider

Student Name _____ Panola College Student ID _____

To properly evaluate how Panola College can best meet the student's need for requesting an ESA in Residence Life Housing, the college requires specific diagnostic information from a licensed clinical professional/healthcare provider who is directly responsible for the treatment of the student's disability, including the intentional use of an ESA to address specific functional limitations that result from the student's physical or psychological diagnosed condition(s). The provider completing this form cannot be a relative of the student. The provider should **completely respond to all questions** and may attach additional related information.

1. Does the student who you have individually examined and treated have a diagnosed physical or mental impairment that substantially limits one or more major life activities?

NO

Yes, please describe what major life activities are impaired: _____

2. Identify the disability-related need for an ESA. Explain how the animal alleviates one or more of the identified substantially-limiting major life activities, which reduces the identified symptoms or effects of this individual's existing disability. _____

3. What type of animal is being requested? _____

HEALTHCARE PROVIDER INFORMATION – to be completed by the healthcare provider

I am hereby verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name _____ State/License Number _____

Provider Address _____
Street City State Zip
Code

Provider Signature _____ Date _____