

**ASSISTANCE ANIMAL DOCUMENTATION FORM FOR MEDICAL PROFESSIONAL**

**Student Name:** \_\_\_\_\_ **Student email:** \_\_\_\_\_

This form pertains to a student at Hampshire College requesting disability related accommodations and services regarding a Service Animal or Emotional Support Animal (ESA) in on-campus housing.

In order to determine eligibility for services, students must provide current, comprehensive documentation that verifies their diagnosis(es) and describes the impact on major life activities.

This form is to provide confirmation of a diagnosis or multiple diagnoses from a qualified professional, and is to be completed by a licensed medical/psychological professional.

**Please return this form to the requester, who will need to upload it to our secure portal.**

1. Diagnosis(es) (Please include DSM 5 diagnosis if for a psychiatric disability)

Level of Severity:                      Mild                                      Moderate                                      Severe

2. Date of Diagnosis(es) \_\_\_\_\_

3. Do you recommend an ESA for this student? Why?

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**Office of Accessibility Resources and Services (OARS)**

893 West Street | Amherst, MA 01002 | 413.559.5498 | 413.559.6098 | OARS@hampshire.edu | OARS.hampshire.edu

4. Any additional comments, suggestions, or concerns?

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Name, Title (please print) \_\_\_\_\_

License number \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_

Please return this form to the student  
or mail it to us at: OARS, 893 West Street, Amherst, MA 01002

The requesting student can either mail the form to OARS, or upload a photo or scan to the  
OARS secure online portal.