



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

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.

1 p q L N \_ p ^ m 1 V T A p q I N \_\_\_\_\_ Phone: \_\_\_\_\_

1 p q L N \_ p ^ m ? œ \_\_\_\_\_ 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



## 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. Completion of this form does not guarantee approval of the ESA accommodation ; We will utilize this information within our interactive process to evaluate the need for this accommodation.

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.

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PROVIDERNAME: \_\_\_\_\_

CREDENTIALS: \_\_\_\_\_

SPECIALIZATION/SCOPE OF PRACTICE: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

My signature verifies that I am or U A v N I N N \_ p U V m m p q L N \_ p ^ m p I N A p V \_ T U N A ] p all the contents below are true and accurate.

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1. 1 p q L N \_ p ^ m # A ^ N ' \_\_\_\_\_

2. What is your professional relationship with this student?  
\_\_\_\_\_  
\_\_\_\_\_

3. Dates of treatment:

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4. Are you an out-of-state telehealth provider? YES\_\_\_\_ NO\_\_\_\_

x 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. Are you 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 specific symptoms is this student experiencing?

10. How will those symptoms be mitigated by the presence of the ESA?

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A\_V^A] A]]NvVApNm A\_xVNpy- Vm paa TN\_NIA] A\_L LaNm \_  
A]]NvVApN pUN my^ipa^m aS pUN mpqLN\_p^m LVmAIV]Vpy•

Question 10 continued:

