INCOMING FAX FROM:

Date: ______________

Emotional Support Animal Documentation Request

To: __________________________
Department: __________________________
Fax Number: __________________________
From: __________________________

Total Pages Including Cover Page: __________

RE: __________________________

The individual named above has requested an emotional support animal as a reasonable accommodation at the University of Idaho. To determine whether this individual is eligible and to understand the need for accommodation(s), the CDAR office is requesting documentation. For your convenience, a questionnaire is attached that includes all required information. Please complete the form in its entirety and return to our office. The completed form can be emailed to cdar@uidaho.edu, or faxed to 208-885-9404.

If you decide to submit your own documentation rather than complete the attached form, it must include the following:

1. Be on official letterhead from the professional describing the disability.
2. Be dated and signed, including the name, title, and professional credentials of the evaluator.
3. List and explain the diagnosis/description of the disability, the date of diagnosis, the likely duration of the disability, and the functional limitations that arise from the disability.
4. List how the Emotional Support Animal is necessary to alleviate the functional limitations caused by the disabiling condition.

Fax Documentation to CDAR at 208-885-9404