



**Missouri Valley College
Accessibility/Disability Services
Medical Release Form to request an ESA**

SECTION A: STUDENT INFORMATION (Completed by the student)

INSTRUCTIONS: Complete student information and healthcare provider information, and sign authorization release below. Please send this form to your healthcare provider. Make additional copies of this form for each of your healthcare providers, if you have more than one provider.

Student Name: _____ Student ID# _____

Date of Birth _____ Email: _____

Home Address: _____

Local Address: _____

Home Phone # _____ Cell Phone # _____

_____ I hereby authorize Missouri Valley College to receive information from the provider below. I also authorize my provider to discuss my condition(s) with the appropriate Missouri Valley College (MVC) personnel on an as-needed basis.

_____ I hereby authorize the Accessibility and Disability Services Office for MVC to communicate directly with the health care provider who completes this form to obtain clarification of issues relating to the functional limitations for which I am seeking the accommodation of an Emotional Support Animal.

Provider Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Student Signature: _____ Date _____

SECTION B: HEALTHCARE PROVIDER (Completed by Healthcare provider)

DOCUMENTATION GUIDELINES:

Acceptable documentation must reflect the following:

- Current documentation (in most cases, within 12 months)
- A specific diagnosis should come from a professional healthcare provider who is qualified to make the requested assessment about the student's disability and the relief the ESA provides, specialized in a field consistent with the diagnosis, and who has been treating the student for the condition requiring an ESA.
- A description of the student's functional limitations as they are directly related to the stated disability.

INSTRUCTIONS:

To properly evaluate how Missouri Valley College can best meet the student's need for the reasonable accommodation of an Emotional Support Animal, the College requires specific diagnostic information from a licensed clinical professional or healthcare provider. The professional provider should be a regular provider to the psychological or physical condition(s). The provider completing the form cannot be a relative of the student. The provider should completely respond to all questions. Additional related information may be attached.

Student's Full Name _____ Birthdate: _____ / _____ / _____

To determine the eligibility for ADA Accommodations under The Americans with Disabilities Act (ADA) of 1990, Missouri Valley College of Marshall, Missouri requests current and comprehensive documents of the student's condition from a licensed clinical professional or healthcare provider that is familiar with the history and functional limitations of the student's condition(s).

1. Student's disability/diagnosis _____

2. When was the condition(s) first diagnosed? _____
3. How would you describe the severity of this condition(s)? _____
4. How long is this condition(s) likely to persist? _____
5. When was the student/patient last seen by you? _____
6. When is the next follow-up visit or Telehealth visit scheduled? _____
7. How will an Emotional Support Animal help the student? _____

8. Does the student's disability/health condition significantly limit any major life activities? If yes, please describe the limitations and/or restrictions in detail.

All fields below must be completed to process documentation.

Signature of Provider _____ Date _____

License # _____ State _____

PRINT Name and Title: _____

Address _____

Phone: _____ Email: _____

What kind of animal is the ESA? _____

Breed _____ Name: _____

Birthdate of animal _____

Current vaccination records of the animal must be provided before approval will be made.

COMPLETED FORM SHOULD BE FAXED OR EMAILED BY HEALTHCARE PROVIDER TO:

Debbie Coleman
Director of Accessibility and Disability Services
Missouri Valley College
Fax # 660-831-4233
Email: colemamd@moval.edu

CONFIDENTIALITY NOTICE: Medical related information shall be kept confidential and maintained separate from other personnel records. However, supervisors and managers may be advised of information necessary to the determinations they are required to make in connection with a request for an accommodation. First aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment or if any specific procedures are needed in the case of fire or other evacuations. Government officials investigating compliance with the ADA may also be provided relevant information as requested.