

**SUNY Cobleskill Residential Life Office  
Emotional Support Animal Application Request – Part C**

**Note: This section to be completed by the student.**

Student Name: \_\_\_\_\_ 800#: \_\_\_\_\_

Student Phone Number (best number to reach you): \_\_\_\_\_

Student Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Campus Address: \_\_\_\_\_

- - - - -

**Note: This section to be completed by the licensed health professional.**

Provider's Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Provider's Office Address: \_\_\_\_\_

Provider's Telephone Number: \_\_\_\_\_

1. Evidence of the disability and the DSM or medical diagnosis related to the use of an assistance animal.
  
2. Dates of treatment and the date at which the diagnosis was first made.
  
3. Symptoms for which treatment was needed.
  
4. Treatments other than use of an assistance animal that have been used for symptom reduction.
  
5. Date on which the use of an assistance animal was prescribed.
  
6. Evidence of the connection between the diagnosis/symptoms and the use of the assistance animal.

7. Evidence that the student will not be able to use or enjoy the residence hall or to participate in the services or programs if the assistance animal is not allowed.

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_