

Psychiatric/Psychological Disability Criteria  
 (Assistance Animals)

1) Your request for reasonable accommodation will be reviewed upon receipt of documentation (**submitted on letterhead by a licensed psychologist, psychiatrist, or licensed clinical social worker (name and license number must be provided)**) as per the following:

- Current diagnostic statement as per the DSM-V which indicates subtypes and specifiers (when applicable), along with the nature, frequency, and severity of the symptoms which indicate the need for an Emotional Support Animal.
- Clinical summary of how the accommodation will help to alleviate the identified symptoms or effects of the disability.
- Acknowledgement from provider that the below considerations have been reviewed with the student prior to making a recommendation.

2) **Message to Providers:**

In addition to sending a letter (referenced above), you are strongly encouraged to discuss the circumstances listed below that, upon occurrence may lead to an adverse experience which may or may not exacerbate as opposed to alleviate symptoms for the student. Please initial next to each item below acknowledging that you have reviewed the information.

UW Housing Policy Considerations:	Provider Initials	Student Initials
Allergies and other considerations from the roommate(s), suitemate(s), and residents of the floor may result in a reassignment of a student seeking an assistance animal accommodation.		
If the assistance animal causes disruption to other individuals on the floor or in the building, the assistance animal must be removed by the student in accordance with the timeline provided by the university.		
The animal will not be permitted to live in a residence hall during scheduled breaks, or in the absence of the owner. <ul style="list-style-type: none"> <li>○ The owner is responsible for finding off-campus boarding if the owner will not be in the residence hall.</li> </ul>		
Residents may not allow their assistance animal to be neglected, nor may residents leave the animal unattended for an unreasonable amount of time.		

3) By signing below, I acknowledge that I have read through the above considerations and have discussed each with the student prior to submitting a recommendation.

\_\_\_\_\_  
 Provider Signature

\_\_\_\_\_  
 Date

By signing below, I acknowledge that I have read through the above considerations and understand the possible impact they may have on my residential experience if I am approved to bring my assistance animal to my assigned residence hall room/suite.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

4) Please send documentation by mail, fax or e-mail to:

ACCESSIBILITY CENTER • DEAN OF STUDENTS OFFICE  
 UNIVERSITY OF WISCONSIN OSHKOSH • 800 ALGOMA BLVD • OSHKOSH WI 54901-8605  
 ACCESSIBILITYCENTER@UWOSH.EDU • (920) 424-3100 • FAX (920) 424-2405