



Kentucky Christian University
100 Academic Parkway • Grayson, Kentucky 41143 • 606.474.3288

Assistance Animal Disability Verification Form

Kentucky Christian University recognizes the unique mental health requirements of a small percentage of students who may benefit from the presence of an emotional support animal. This, of course, is a much different need than just wanting to bring a beloved pet to college! When a student has an established mental healthcare relationship with an ESA prescribing qualified mental health professional, KCU will work with the student for housing opportunities as described in the KCU ESA process. Feel free to contact the Student Services office if you have any questions at 606-474-3288. -**Donald M. Damron, Vice President of Student Services**

Student Contact Information

Student's Name _____ Date of Birth _____

Phone Number (_____) _____ Student ID # _____

KCU E-mail Address _____

Move in date _____

I want to move into on campus housing for (check one) Fall Spring Summer Year _____

Instructions for Evaluator

Effective July 1, 2021, this evaluation must be filled out solely by a qualified mental health professional who has an established professional relationship with the applicant and knows the mental health history of the student at a sufficient level to recommend the need for an Emotional Service Animal. For the purposes of the Kentucky Christian University ESA approval process a qualified mental health professional includes a clinical or counseling psychologist, a marriage or family therapist, a clinical social worker, a psychiatric registered nurse, a psychiatric nurse practitioner, a psychiatrist, or a mental health counselor.

The name, signature, title, and professional credentials must be provided at the end of this form. Please note: Section 1001 of Title 18 of the United States Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency. Please answer the questions as thoroughly as possible. Please return this form to:

Kentucky Christian University
ATTN: ESA Application
KCU Box 728
100 Academic Parkway
Grayson, Kentucky 41143

Evaluator Information

Name _____ Title _____

Phone Number (_____) _____ License or Certification Number _____

Signature _____ Date _____

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