[Health Professional's Letterhead]
[Name of Professional]
[License Number]
[Contact Information]

[Date]

[Name of University/College]
[Housing/Disability Services Department]
[Campus Address]

RE: Emotional Support Animal for [Student's Full Name]

To Whom It May Concern,

I am the healthcare provider for [Student's Name], and I am currently treating them for a mental health disability as defined by the Americans with Disabilities Act (ADA) and the Fair Housing Act.

[Student's Name] has a mental health impairment that substantially limits one or more major life activities. To help alleviate the symptoms of this disability and to enhance their ability to live independently and participate in the campus housing environment, I have prescribed an Emotional Support Animal (ESA).

The presence of this animal is necessary for the student's mental health. It provides specific support that reduces the functional limitations caused by their condition. Specifically, the animal assists with [briefly mention general benefit, e.g., reducing anxiety/providing stability].

I am recommending a [Type of animal, e.g., dog/cat] as an emotional support animal for [Student's Name] for the duration of their residency in campus housing.

If you have any further questions regarding this request, please feel free to contact my office.

Sincerely,

[Signature]
[Printed Name and Title]