

[Date]

To Whom It May Concern / Airline Special Assistance Department:

I am a licensed mental health professional [e.g., psychiatrist, psychologist, LCSW] currently treating **[Patient Name]**. My license information and jurisdiction are provided below.

[Patient Name] has a mental or emotional disability recognized in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

This patient requires the presence of a **Psychiatric Service Animal (PSA)** to accompany them during air travel and at their destination to perform specific tasks or work that mitigate the effects of their disability.

Provider Information:

Name: [Professional Name]

Title: [Type of Professional Degree/License]

License Number: [Number]

Date of License Issuance: [Date]

Jurisdiction/State of Licensure: [State/Country]

If you require any further verification of this clinical recommendation, please contact my office at **[Phone Number]** or **[Email Address]**.

Sincerely,

[Signature]

[Printed Name]

[Clinic/Office Name]