



Request for Assistance Animal Accommodation

PART I: TO BE COMPLETED BY THE STUDENT

Student's Name _____

LAST NAME, FIRST NAME MIDDLE NAME

Date of Birth _____ Cell number _____

Time period requested for housing accommodation _____ to _____

START END

Proposed Assistance Animal _____ Name of animal _____

Type of animal _____ Age of animal _____

PART II: TO BE COMPLETED BY THE MEDICAL PROVIDER

The student named above has applied to have an assistance animal in his/her residence hall placement at The University of Scranton. In order to determine the student's eligibility for reasonable and appropriate accommodations, please provide current and comprehensive information attesting to the student's disability and documenting the functional impact of the disability. The information you provide will not become part of the student's educational records but will be kept confidential.

Please take into consideration when completing this form:

1. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification.
2. The medical provider should attach any reports which provide additional related information. If a comprehensive diagnosis report is available that provides the requested information, copies of that report can be submitted as well.
3. The medical provider completing this form cannot be a relative of the student.

If you have any questions, please email non-academic-accom@scranton.edu.

1. What is the nature of the student's disability? How is the student substantially limited?

2. Does the student require ongoing treatment?

3. How long have you been working with the student regarding this physical/mental health diagnosis?

4. Please explain the identifiable relationship or nexus between the disability and the assistance the animal provides as part of treatment for the student? In what way is the animal necessary for the student to enjoy an equal opportunity to “use and enjoy residential housing”?

5. What symptoms will be reduced by having the animal?

6. Is there evidence that an animal has helped this student in the past or currently?

7. How important is it for the student’s well-being that the animal reside in the student’s residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

8. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities could exacerbate the student’s symptoms in any way?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an assistance animal in the residence hall can be a significant benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an assistance animal on both the student and the campus community.

Name/Title _____

Address _____

Phone _____ License number _____

Signature of provider _____ Date _____

By typing your full name you are hereby signing this form.

Please email the completed form to non-academic-accom@scranton.edu or return it to the student so it can be uploaded to the Accommodate system.