



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 _____ Class Year _____

Time period requested for housing accommodation _____ to _____
START END

Proposed Assistance Animal _____ Name of animal _____
Type/Breed of animal _____ Age of animal _____

Have you read the Guidelines for Animal Assistance? ([Animal Assistance Guidelines](#))

PART II: TO BE COMPLETED BY THE MEDICAL PROVIDER

The student named above has applied to have an assistance animal in their residence hall placement at The University of Scranton. 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:

- 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.
- The medical provider may 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.
- The medical provider completing this form cannot be a relative of the student and must have seen the student within the last 12 months.

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

1. Is this student currently under your care? ☐ Yes ☐ No

1a. When did you last see/evaluate this student? _____

2. How long have you been working with this student regarding this diagnosis/medical condition? _____

2a. Date of diagnosis _____

3. What is the nature of the student's disability? How is the student substantially limited by this disability?

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4. Does the student require ongoing treatment? ☐ No ☐ Yes

If yes, please provide a date at which the effectiveness or ongoing need will be evaluated and/or confirmed if the use of an emotional support animal is a new approach to treatment:

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5. Describe the current functional impact of the disability as it is related to the request for an assistant animal.

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6. Please explain the identifiable relationship or nexus between the disability and the support the animal provides, (i.e. explain how the animal helps alleviate the impact of the disability symptoms; how the animal has historically been necessary to manage the student's symptoms; how the long relationship has proven to have a positive impact that reduces the overall level of symptoms).

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7. What symptoms will be reduced by having the animal (if different than paragraph 5 above)?

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

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9. Describe what negative effects, if any, that the student may experience if they do not have the animal on campus.

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10. Describe how this animal allows the student to fully participate in University services, programs, and activities in housing.

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11. 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?
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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.