

BRYN ATHYN COLLEGE

Request for Service or Assistance Animal in College Housing

The information completed on this form will be reviewed to determine:

1. That the student is a person with a documented disability;
2. The Assistance Animal being requested is necessary to afford the student, as a person with a disability, an equal opportunity to use and enjoy the on-campus housing facilities; and
3. That there is an identifiable relationship between the disability and the support that the Assistance Animal provides.

I have individually examined _____ and am familiar with his/her medical history and with the physical or mental impairment that substantially limits one or more of his/her major life activities. He/She meets the definition of having a handicap under the Fair Housing Act. The following major life activity(ies) substantially limited by his/her disability is: _____.

In order to help alleviate these limitations, and to enhance his/her ability to live independently and to fully use and enjoy the College owned and administered housing unit, I agree that an Assistance Animal will assist _____ in coping with his/her disability in the following manner:

I verify that the information I have provided is correct, that I have been treating the Student and that I am not a relative of the Student.

Note: Completed form will be maintained on file at the Office of Disability Resources

EVALUATOR INFORMATION:

Name _____ Title _____

Degree(s) _____

Phone Number _____ License or Certification Number: _____ State: _____

(SIGNATURE OF HEALTH CARE PROVIDER)

(SIGNATURE DATE)