



REQUEST FOR ASSISTANCE ANIMAL ACCOMMODATION

The below named student is applying for an accommodation of an assistance animal in The College of Idaho housing. The determination is made on a case-by case basis and can only be considered a reasonable accommodation if the documentation is able to define the relationship between the individual's disability and the assistance the animal provides. The information you provide will not become part of the student's educational records but will be kept in the student's confidential file in the Office of Accessibility & Learning Excellence.

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. Healthcare 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 for documentation as well. If you have any questions, please call the Office of Accessibility & Learning Excellence at 208-459-5188. Thank you for your assistance.

Student's Name: \_\_\_\_\_

ID: \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

EMAIL \_\_\_\_\_

Proposed Assistance Animal: \_\_\_\_\_

Animal Name: \_\_\_\_\_

Type of animal: \_\_\_\_\_

Age of animal: \_\_\_\_\_

Please respond to the following items regarding the above named student: (Note: A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

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”? \_\_\_\_\_

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

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

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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? \_\_\_\_\_

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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? \_\_\_\_\_

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Thank you for taking the time to complete this form. If we need additional information, we may contact you during the review process. 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 #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_

Please Note: The provider completing this form cannot be a relative of the student

Signature of student declaring that the Director of DALE may contact their medical provider:

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