

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 The medical provider completing this form cannot be a relative of the student
last 12 months.

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

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

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

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

**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.**