



# ELIZABETHTOWN COLLEGE

Disability Services

## Request for Assistance Animal

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

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

FYS – SOPH – JR – SR – GRAD (please circle current class standing)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student ID #: \_\_\_\_\_ Current Residential assignment \_\_\_\_\_

### Request for an Assistance Animal as a Reasonable Accommodation in Campus Housing

The information provided below will be used to help determine whether an Assistance Animal is a Reasonable Residential Accommodation which could provide you equitable access to Elizabethtown College's Residential Facilities.

#### Disability Related Information:

1. Provide a description of your diagnosis. What symptoms do you experience in a residential setting?

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2. Please list any co-occurring diagnoses.

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3. What symptoms do you believe will be ameliorated by having the Assistance Animal in your residential unit?

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4. Please describe how this or another Assistance Animal has provided this benefit in the past?

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5. Please describe any additional accommodations you require to participate in residential living on a college campus (first floor room, strobe fire alarm, shower grab bar, air conditioning).

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**Proposed Assistance Animal Information:**

1. Type of animal (for example, dog or cat): \_\_\_\_\_

2. Is this an animal that your health care provider specifically prescribed as part of an existing treatment plan, or is it a pet that you believe will have a beneficial effect for you while in residence on campus?

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3. Is this animal known to you, or it is a relatively unknown (i.e. shelter) animal?

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4. If it is unknown, explain why you believe it will provide the desired benefit?

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