



**Student Accessibility Services**, Centennial Hall 202  
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## DOCUMENTATION FOR PROPOSED SUPPORT ANIMAL

The information provided on this form will be used as part of the interactive process to evaluate a student's request and eligibility for a support animal accommodation at St. Cloud State University. According to the U.S. Department of Housing and Urban Development (HUD) and FHEO 2020-01, "an assistance animal is an animal that works, provides assistance, or performs tasks for the benefit of a person with a disability, or that provides emotional support that alleviates one or more identified effects of a person's disability. An assistance animal is not a pet".

### Section I. Student Information *(completed by student)*

Student's Name: \_\_\_\_\_ SCSU Tech ID# \_\_\_\_\_

Student's SCSU Email: \_\_\_\_\_ Student's Phone: \_\_\_\_\_

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

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

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

I do not currently have a support animal but plan to get one

### Consent to Release Information

In order for the University to make an informed determination of my eligibility and entitlement to a reasonable accommodation for a Support Animal, I authorize:

- Student Accessibility Services to receive pertinent disability related information from the licensed healthcare practitioner identified below
- My provider to discuss my condition(s) and disability related impacts with Student Accessibility Services.
- Student Accessibility Services to discuss my disability related needs with the Director of Residential Life and appropriate Residential Life representatives.

Name of Provider: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_ Provider Email: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Section II. Provider Questionnaire *(completed by qualified professional)*

The above-named student has indicated that you are the licensed provider (physician, psychiatrist, social worker, mental health worker) who has suggested (or is supporting) that having a Support Animal in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student's disability.

**The requesting student:**

- **Must have a documented disability.**
- **Has requested the animal and the animal is necessary to afford the person an equal opportunity to use and enjoy the dwelling.**
- **Has an identifiable relationship or nexus between the disability and the assistance provided by the animal.**

**Information About the Student's Disability**

*(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. Is this student currently under your care?  Yes  No
2. Length of time this student has been under your care \_\_\_\_\_
3. Date of students last visit \_\_\_\_\_
4. Does the student require ongoing treatment?  Yes  No
5. Does you student have a physical or mental impairment that limits their ability to engage in a major life activity?  Yes  No
6. What is the nature of the student's disability (condition(s)/diagnosis)?

7. Below is a list of major life activities that could be impacted, please identify all that apply and provide explanation of the student's limitations due to disability.

- Activities of Daily Living *functional limitation* \_\_\_\_\_
- Climate/Environment *functional limitation* \_\_\_\_\_
- Communication/Social *functional limitation* \_\_\_\_\_
- Eating *functional limitation* \_\_\_\_\_
- Self-Care *functional limitation* \_\_\_\_\_
- Stress Management *functional limitation* \_\_\_\_\_
- Other: \_\_\_\_\_

**Information About the Proposed Support Animal**

8. Is this animal specifically prescribed as part of the student's treatment plan?  Yes  No

9. What symptoms will be reduced by having the support animal?

Is there evidence that a support animal has helped this student in the past or currently?

**Importance of Support Animal to Student's Well-Being**

10. In your professional opinion, how important is it for the student's well-being that the support animal be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved?

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 might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, we will discuss with the student at a later date.)

**Section III. Provider Contact Information**

Please provide contact information, sign and date this questionnaire (below), and return it to Student Accessibility Services via Fax at (320) 308-5100 or sas@stcloudstate.edu.

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

License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Clinic/Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for providing the requested information. If additional information is needed to support an accommodation decision, we may contact you at a later date. Student Accessibility Services and their representatives are the University appointed approvers of all student housing accommodations. The providers professional observations and opinions are used as part of the decision-making process, but are not the sole determining factor for any approved accommodations.