ASSISTANCE ANIMAL REQUEST FORM

Please complete the following information in order to begin the process for approval to have an assistance animal in your residence. Your request will be reviewed in accordance with Lafayette College’s Assistance Animal Policy.

I. Student Information

Student Name: ____________________________________________________________

Home Address: __________________________________________________________

Phone Number: __________________________________________________________

Email: ________________________________

II. Assistance Animal Information

1. Do you have a disability, i.e., a physical or mental impairment that substantially limits one or more major life activities?

   Answer: ________________________________

2. Do you have a disability-related need for an assistance animal? In other words, does the animal work, provide assistance, perform tasks or services for your benefit or provide emotional support that alleviates one or more identified symptoms of an existing disability?

   Answer: ________________________________

3. Identify the type of assistance animal that you are requesting.

   Answer: ________________________________

   ______________________________________  ____________________________
   Signature                                           Date