

ASSISTANCE ANIMAL REQUEST FORM



Student Information

Name: _____ Student ID: _____

Cell Phone: (_____) _____ - _____ Email: _____

On-Campus Housing (circle one): Burgess Collier-Baker Grand Island Kroske New Res Hall Sullivan

Animal Information

Animal's Name: _____ Type of animal: _____ Gender (circle one): Male Female

Breed: _____ Hair Length: _____ Weight: _____

Physical description of animal (including extent to which animal sheds and is potty-trained) _____

PLEASE INITIAL
indicating
understanding of
and compliance
with this policy:

USF Assistance (Emotional Support) Animal Policy

An Assistance Animal is an animal that provides emotional support, which alleviates one or more identified symptoms or effects of a person's disability. An Assistance Animal is prescribed to an individual with a disability by a healthcare or mental health professional. Unlike a Service Animal, an Assistance Animal does not assist a person with a disability with activities of daily living or accompany that person at all times. A person with a disability using an Assistance Animal is called a Partner.

Assistance Animals may be considered in conjunction with access to University housing, but they are not permitted in other areas of the University (e.g. library, academic buildings, classrooms, dining areas, labs, work areas, student centers, etc.).

Policy continued on pages 93-95 of the University of Sioux Falls Student Handbook

For full consideration, please attach the following documentation to this request:

1. Verification of the benefit of/need for an emotional support animal **from a certified medical professional with whom you have personally visited** and who can speak to your specific situation
2. A copy of the requested animal's **vaccination records** (if applicable) – rabies vaccination required
3. A current **photograph** of the requested animal
4. Copy of the current **license** (for dogs or any other animals required to be licensed in Sioux Falls or South Dakota)
5. **Letter from your roommate** (or anticipated roommate) indicating knowledge of the animal you are requesting to bring and their willingness to share a room with that animal (or communication of a ResLife-approved plan)

Informed consent for release of information:

This release shall remain effective for the duration of the applicant's residency in USF campus housing or request for termination.

I, _____, authorize the University of Sioux Falls Residence Life to disclose to others that may be impacted by the presence of an animal [e.g., University staff, potential and/or actual roommate(s)/neighbor(s)] that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing for the presence of the Assistance Animal and/or resolving any potential issues associated with the presence of the animal. Furthermore, I understand that all other information, including personally identifiable information, regarding my request will be protected and kept private in accordance with University policy, except as otherwise required by law.

Student Signature _____ **Date** _____

FOR OFFICE USE ONLY (Date and Initial the Decision): APPROVED _____ DENIED _____
Date Received: _____ Documentation Received: _____ Semester(s) Approved: _____