



Confidential Recommendation for Assistance Animal

To the Diagnosing Professional:

The student named below is requesting an accommodation for an Assistance Animal (for emotional support) to live in campus housing. When a disability and/or a disability-related need are not apparent, the University requires reliable documentation from a medical professional regarding the disability and/or disability related need to support the request for a reasonable accommodation. The determination of whether the information provided is sufficient to establish a disability and/or disability-related need is fact-specific and requires a case-by-case determination.

Please provide information below to assist in supporting this request. **This form is in addition to the Accommodation Verification Form specifically for requesting an Assistance Animal accommodation.**

Student's Name (printed): _____

Date: _____ TU ID #: _____

Student's Signature for permission for release of information to the University of Tulsa: _____

Diagnosing Professional Name: _____ (or attach business card)

License Type: _____

License Number: _____ State: _____ Expiration Date: _____

Mailing Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

Email: _____ Website: _____

Date of student's most current psycho-educational or medical evaluation: _____

Describe student's disability/diagnosis: _____

Date of onset of diagnosis: _____

Dates Under this Specific Medical Professional's Care for this Specific Disability: _____

Date of Student's Last Appointment: _____

Appointment Frequency (check one): Weekly Monthly Annually Once

Expected Duration of Primary Condition (check one): Permanent Temporary

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The student is requesting an Assistance Animal. How will this accommodation help the student?

What type of animal is the student requesting? (specify) _____

What effects do the student's condition have on the student's ability to remain in student housing **without** the use of an Assistance Animal?

What other accommodations are needed at The University of Tulsa? Please address ways to try to ensure the safety, educational access, and full enjoyment of campus housing for this student.

*NOTE: Application cannot be processed until pertinent documentation of disability has been provided. Please make copies of any documentation that you provide to our office. Any documentation provided becomes part of the student's permanent file with Student Access.

By my signature below I affirm that all statements and documents that I am submitting in support of a request for reasonable accommodation are true and correct. I understand that falsifying or misrepresenting facts or information may result in violation of professional standards or the law.

Diagnosing Professional's Signature _____

Date _____