

HARVARD UNIVERSITY
Disability Access Office



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Assistance Animal Request for Information

Date: _____

Student Name: _____

HUID: _____

The Disability Access Office (DAO) works collaboratively with the Housing and Residential Life Office to ensure full access to the residential experience at Harvard University. The above named student has indicated that you are a physician, psychiatrist, social worker, mental health professional, or other appropriate third-party who has made a professional determination that having a Support Animal in residence on campus will help alleviate one or more of the identified symptoms or effects of the student's disability.

This form will be reviewed by a DAO staff member as part of the individualized assessment process. The DAO makes the final determination regarding the approval of accommodations, and may request further information if needed.

Please note that this form is not inclusive of **service animals** who are trained to perform a specific task for a person with a disability.

Current Diagnosis: _____

Date student began treatment: _____

Date of most recent appointment with student: _____

Severity of student's condition(s), if applicable: Mild Moderate Severe

What are the student's functional limitations, and how do they affect their ability to live in college residential housing?

Would the responsibility of caring for the animal full-time in a residential college environment exacerbate the effects of the student's disability? If so, please describe. YES NO

Support Animal Information:

Animal species/breed being requested: _____

Is there an established relationship between the student and this specific support animal?
YES NO

If yes, for how long? If no, describe any historical evidence that supports that this type of animal would provided therapeutic benefits.

Are there alternate accommodations that you would recommend?

Please explain the relationship between the student's disability and the support that the animal provides, including how it relates to the student's treatment plan.

What will be the anticipated impact on the student if the student's request for an assistance animal cannot be granted?

Health Provider Information:

Name: _____

Title: _____

Office Name/Location: _____

Phone Number: _____

Please describe any specialized training and experience that you have on the subject of therapeutic human-animal interactions.

Student has given permission and signed any relevant confidentiality forms for the Disability Access Office to contact me with further questions about this request:

YES

NO