# Disability & Accessibility Services (DAS)

### REQUEST FOR INFORMATION

### Regarding: Assistance Animal

### Student’s Name: ​​Click or tap here to enter text.​

### Type of animal: ​​Click or tap here to enter text.​

### Age of animal**:** ​​Click or tap here to enter text.​

The above-named student has indicated that you are the medical provider (physician, psychiatrist, mental health worker) who has recommended (or prescribed) that having an Assistance Animal in the residence hall will be helpful in alleviating one or more of the identified symptoms or effects of the student’s disability. So that we may better evaluate the request for this accommodation, please answer the following questions:

How long have you treated this student? ​​Click or tap here to enter text.​

## Does the student have a physical or mental impairment that substantially limits one or more major life activities? If so, please describe the nature of the impairment. ​​Click or tap here to enter text.​

## Please describe the major life activities impaired, indicate how they are impaired, and describe the anticipated duration of the impairment. ​​Click or tap here to enter text.​

## Please explain why the assistance animal is necessary for the student to use or enjoy student housing. ​​Click or tap here to enter text.​

## What symptoms or effects of the student disability will be reduced by having the assistance animal?​​Click or tap here to enter text.​

## Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? ​​Click or tap here to enter text.​

*Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date, if authorized by the student.*

##  Please provide contact information, sign and date this questionnaire:

Name: ​​Click or tap here to enter text.​

Signature: \_\_

Telephone: ​​Click or tap here to enter text.​

FAX and/or Email address: ​​Click or tap here to enter text.​

License #: ​​Click or tap here to enter text.​

Title: ​​Click or tap here to enter text.​

Date: ​​Click or tap here to enter text.​

### Return to:

Disability and Accessibility Services

Loyola University Maryland

4501 N. Charles Street

Baltimore, MD 21210

FAX: (410) 617-2080

Email: das@loyola.edu