



# Wayne State University

## Assistance Animal Request Form

**Student Disability  
Services**

**This form is to be submitted to the Student Disability  
Services office only. Please do not submit to Housing.**

Name of Student: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

Assessment of qualifying disability must be completed by your health care provider.

Evaluators Name: \_\_\_\_\_

Name of Practice, Address and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_

Professional Credentials and Designations:

\_\_\_\_\_  
\_\_\_\_\_

State license number, states in which you are registered and licensed to practice:

\_\_\_\_\_  
\_\_\_\_\_

Diagnostic statement identifying Student's disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of current functional limitations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement on how the animal serves as an accommodation for the verified disability:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_