

UAMS Academic Affairs Policy - 2.2.7a



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

Request for Service Animal or an Emotional Support Animal in Campus Housing

Date of Request: _____

Student Name: _____

Student ID #: _____

Type of Request _____ SA _____ ESA

For Service Animals Only:

Is the animal needed because of a disability? _____

What tasks is the animal trained to perform? _____

Dog's Name, Age, Breed _____

For Emotional Support Animals Only:

Please indicate the nature of your disability. _____

What symptoms are reduced by having the ESA? _____

Current documentation (\leq six months old) from a qualified evaluator/treatment professional familiar with your history, diagnosis, and its impact upon your activities of daily living must be submitted in order to consider your request.

Proposed ESA: _____
(name), (type of animal/breed), (age of animal)

I certify that the above information is true and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

Return this form and all supporting documentation to your Dean's Office or a Deputy Title IX Coordinator:

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SA / ESA Move-In Acknowledgement Form

I have reviewed and been provided with a copy of the UAMS **Service and Emotional Support Animals in Campus Housing** policy.

I understand that I am required to abide by all provisions of this policy and failure to do so may require that I remove the animal from campus housing.

I have provided a current copy of the animal's vaccination records to the ADA Coordinator/designee. I agree to keep the animal's immunizations up to date and provide a copy of the records to the ADA Coordinator/designee annually.

I understand that it is my responsibility to notify the ADA Coordinator/designee and Director, Campus Housing if I no longer have a need for the animal in my residence.

Signature of Handler

Date

ADA Coordinator/Designee

Date

Director, Campus Housing/Designee

Date