

Assistance Animal Registration Form
Monmouth College

Name of Handler

Name of Animal

Consent for Release of Information:

I, _____, give _____
Name of Handler Name of Evaluator identifying disability

Permission to provide the information requested below to the Monmouth College Office of Disability Services.

Signature of Handler

Date

This form is to be completed by a health professional ONLY if the student has a disability for which s/he requires special accommodations.

We rely heavily on the information you provide to determine appropriate accommodations. Thank you for your assistance.

Please note:

Unacceptable forms of Documentation

1. Handwritten patient records or notes from patient charts.
2. Diagnosis on prescription pads.
3. Self-evaluation found on internet or in any print publication, including research articles.
4. Original evaluation/diagnostic documents; submit copies of the originals.
5. Correspondence from healthcare provider not directly addressed to Monmouth College

1. Please provide a diagnostic statement identifying the disability:

2. Please provide a description of the diagnostic methodology used:

3. Please provide a statement on how the animal serves as an accommodation for the verified disability

4. Evaluator Information (Please Print)

Name

Date

Title

Office (Address, City, State, Zip)

Signature

Phone

May we contact you if we have questions about how best to accommodate this student?

____ Yes ____ No

PROVIDER: Please appropriately stamp this form showing your professional credentials or attach a copy of your letterhead confirming your professional credentials.