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.