

Assistance Animal Application

Montana State University Billings Housing and Residence Life

PLEASE COMPLETE THIS FORM TO REQUEST AN ACCOMMODATION. IF YOU REQUIRE ASSISTANCE COMPLETING THIS FORM, OR WISH TO MAKE THE REQUEST ORALLY, PLEASE CONTACT DISABILITY SUPPORT SERVICES AT (406) 657-2283.

NAME OF RESIDENT: _____

RESIDENCE HALL/FAMILY HOUSING ADDRESS: _____

TELEPHONE NUMBER: _____

1. Please describe the reasonable accommodation you are requesting

2. Please explain why this reasonable accommodation is needed. You need not provide detailed information about the nature or severity of the disability.

3. If you are requesting permission to have an assistance animal where it is not readily apparent that the animal is a service animal, please answer the following:

(a) Type of animal (for example, dog or cat): _____

(b) Is the animal required because of a disability? ____ Yes ____ No

(c) If the answer to 3(b) is NO:

If the animal for which you are making a reasonable accommodation request provides emotional support or ameliorates one or more symptoms or effects of your disability, please submit a statement from a health or social service professional stating that:

- a. You have a disability (i.e., you have a physical or mental impairment that substantially limits one or more major life activities); and
- b. The animal would provide emotional support or other assistance that would ameliorate one or more symptoms or effects of your disability and how the animal ameliorates the symptoms or effect.

Please attach such a statement to this application.

Signature

Date