Service or Emotional Support Animal Application

Montana State University Billings Housing and Residential 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:
Please describe the reasonable accommodation you are requesting
Please explain why this reasonable accommodation is needed. You need not provide detailed information about the nature or severity of the disability.
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3. If you are requesting permission to have a service or emotional support animal where it is not readily apparent the animal is a service or emotional support animal, answer the following:
(a) Type of animal (for example, dog or cat):
(b) Is the animal required because of a disability?YesNo
(c) Does the animal for which you are making a reasonable accommodation request perform work or do tasks for you because of your disability?YesNo
(d) If the answer to 3(c) is YES:

	a. \	What work or task does the animal perform?
(e) I	If the a	nswer to 3(c) is NO:
perf sup	orm wo	al for which you are making a reasonable accommodation request does not ork or do tasks for you because of your disability, but provides emotional ameliorates one or more symptoms or effects of your disability, please submit 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.
Plea	ase atta	ach such a statement to this application.
 If you are modification 		esting a physical change to the interior of your unit, please describe the
		esting a physical change to the exterior of your unit or to a public or common describe the modification.
Signature		Date