## Requestor AssistancenimalAccommodation

PART I: TO	BE COMPLE TED	BY THE ST	UDENT			
17(((1), 10)	BE COMI EE TEB	DI IIIE OI	ODLIVI			
Student's Nam	ne					
	LAST NAME,	FIRST NAME	MIDDLE NA			
Date of Birth_		Cell num	nbe <u>r</u>	Cla	ss Year	
Timeperiod re	quested for housing	commodatio <u>n</u>	to Themedical pro last 12 months.	viderompletingh	nisform cannot bærela	ativeof the studer
Proposed Ass	stance Animal			Name of anima	al	
Type/Breedof a	anima <u>l</u>			Age of animal		
Have you read the	ne Guidelines f <b>oin4</b> al	Assistance <u>? (Ani</u>	mal Assistance Gu	<u>iid)</u> elines		
PART II: TO	BE COMPLE TEI	D BY THE M	EDICAL PROV	IDER		
The studenthar	ned abovleas applie	d tbave an assi	stance animal			
If youhaveanyo	questionspleasæma	hon-academi <b>a</b> d	ccom@scranton.e	edu		
1. Is this stude	entcurrently underou	ırcare? • Y	es • N	lo		
1a. Whend	id you lastsee/evalua	at <b>t</b> his student?				

Please email the completed form to <a href="mailto:non-academic-accom@scranton.edu">non-academic-accom@scranton.edu</a> or return it to the student so it can be uploaded to the Accommodate system.					