



Clinical Documentation - Required

This form must be completed by a certified, licensed professional clinician (e.g., primary care or another treating physician, psychiatrist, psychologist, LCSW, or LMFT) that is not a relative of the student.

This information will be kept private and used for disability accommodations in university housing.

Request for Support Animal in University Housing

Diagnosing Professional's Form

Student's Full Name: _____

Date of Birth: _____

Date of last visit: _____

1. Define your specialty and how long the student has been in your care. (Please note, if the student is requesting a dog, there must be at least 30 days of established treatment)

2. Verify that the student has a qualifying disability that impacts one or more major life activities. You need not state any specific diagnosis, nature or extent of the disability.



Clinician Signature _____ Date _____

Print Clinician Name _____

Clinician's License Number _____

Address _____

Phone _____ Email _____

To submit completed form*, please return to the student so they can upload via their secure online housing portal.

*Alternatively, the clinician can choose to compose a letter that addresses the requested information and provide to the student so they can upload it via their secure online housing portal. **The letter must be written within the last 12 months.**