

Support Animal Documentation Form University of Northern Colorado

Student'sName:

Date:

In order to properly evaluate student's request for Support Animal inuniversityhousing, Disability Resource Cent(DRC)staff at the University of Northern Colora(DNC)rely on information provided bylicensed healthcare providerwho have insight intd) the individual student's diagnosed disability of 2) the potential use of a support animal o address the functional limitations that result from the student's disability defined as a physical or mental impairment that substantially limits one or more major life activities.

This form serves as a guide for individuals to submit disabeliated information necessary for evaluating a student's request for a support animal in university housing this form is optional, as documentation can also be provided to DRC staff in a letter.

Individuals submitting documentation must be licensed healthcare providers 1) have first hand, direct knowledge of the person's disabilizer not related to the individual by blood, adoption, marriage or domestic partnership and 3) have sufficient expertise related to the individual's disability that qualifies the person comment on the necessity of he individual having a support animal.

When completing this form please consider: Does the student making the request have a tandards scope of practice, and applicable etatlicodesand laws

Upon completion, submit documentationy email (<u>drc@unco.ed</u>) for fax (970351-4166). Please do not hesitate to contact the Disability Resource Cer(Perrone: 970351-2289) with any questions or concerns. Your assistance with our evaluation of the student's request is greatly appreciated.

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Student Name(print):

1) Please describe the nature of your current relationship with the student, related to this

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