MU Disability Center

ASSISTANCE ANIMAL REQUEST FORM

The University of Missouri is committed to ensuring that people with disabilities with Assistance Animals and Emotional Support Animals (ESA) have equal access to Residential Life facilities. Students who wish to bring an Assistance Animal or ESA into Residential Life facilities as an exception to the pet policy must go through the reasonable accommodation process with the Disability Center (MU Service Animal Policy BPPM 1:076).

The University of Missouri will not retaliate against any person because that individual has requested or received a reasonable accommodation. MU will also not discourage any individual from making a reasonable accommodation request, including a request to keep an Assistance Animal/ESA.

Please complete this form in its entirety. This form, and supporting third party documentation (see #3) must be submitted to the Disability Center for your request to be considered. Following receipt of both this completed request form and the third party documentation, you will be scheduled to meet with an Access Advisor in the Disability Center for an Access Planning meeting.

Name: ____________________________________________________________

Residential Life address, if known (e.g. room # and name of residence hall):

______________________________________________________________

Email Address: __________________________

1. Please explain the nature of your disability, and how it impacts your ability to function.
2. Please explain why you are requesting to have an Assistance Animal with you while living in your Residence Hall, and what factors contributed to you making this request. Please be sure to include information about the type of animal you wish to bring, and it's size and approximate age.

3. THIRD PARTY DOCUMENTATION. Please provide a statement from a health or social service professional that includes the following information:
   a. That you have a disability (e.g. you have a physical or mental impairment that substantially limits one or more major life activities)
   b. That the Assistance Animal will provide emotional support or other assistance that ameliorates one or more symptoms or effects of your disability, and how the animal ameliorates the symptoms or effect
   c. If the professional has been working with you, and if so, for what length of time.
   d. If the professional specifically prescribed the Assistance Animal.
   e. The professional license number of the professional.