

**Assistance Animal  
Disability & Accommodation  
Verification Form**

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**Student Contact Information**

Student's Name: \_\_\_\_\_ Date of Birth:  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Student Identification Number:  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Move in date: \_\_\_\_\_

I want to move into the residence halls for (circle one): Fall / Spring Year: \_\_\_\_\_

**Instructions for Evaluator**

This evaluation must be completed by a qualified healthcare provider or other reliable third party. A "reliable third party" is someone who is familiar with the individual's disability and the necessity for the requested accommodation. A reliable third-party includes, but is not limited to someone who provides medical care, therapy or counseling to persons with disabilities, including, but not limited to, doctors, physician assistants, psychiatrists, psychologists, or social workers.

Your name, signature, title, and credentials must be provided at the end of this form. [Please note: Section 1001 of Title 18 of the United States Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency]. Please answer the questions as thoroughly as possible.

This form must be returned  
to:

*The Housing Director*

*Evangel University,*

*1111 N Glenstone Ave*

*Springfield MO*

**Evaluator Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License or Certification Number:  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Assistance Animal Disability & Accommodation Verification Form

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Please provide answers to the following questions:

1. Federal laws define a person with a disability as, “any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment.”

Does the student listed above have a physical or mental impairment that substantially limits one or more major life activities including, but not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working?

Yes  No

2. Are you prescribing an Assistance Animal to ameliorate the effects of a diagnosed disability? If yes, what service, assistance, or support does the Animal provide?

Yes  No

Please describe:

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**Note:** Completed form will be maintained on file at the Center for Student Success