



Assistance Animal Documentation Information

Student Accessibility Services at Kent State University provides services and support to students with disabilities. To ensure the provision of reasonable and appropriate accommodations for our students requesting an assistance animal accommodation, we need current, comprehensive documentation of the student’s disability from their diagnosing or current treatment provider. This should include information that describes the symptoms of the disorder, including the impact on the student’s daily living and learning activities, the severity and duration of the diagnosis, and recommendations for treatment. In addition, documentation for an assistance animal accommodation should outline the therapeutic relationship between the student and the animal, such as the specific benefit to the student for having the animal, the duration of the relationship, and the animal’s name. The information requested here can also be submitted in a narrative form via a letter from the provider.

For additional information about SAS, including the full assistance animal policy, please visit: www.kent.edu/sas

Name of student:

Student’s Diagnosis (List all that apply):

Date of Diagnosis: _____ Last contact with student: _____

Is the student/patient currently under your care? _____ YES _____ NO

Describe the symptoms this student experiences because of their diagnosis.

Describe how this condition may impact the student’s progress in a living and learning setting on a college campus.

Kent State University Student Accessibility Services

Email: sas@kent.edu

Phone: 330-672-3391

Fax: 330-672-3763

Describe the student's current treatment regimen for this diagnosis. If this includes medication, please note if the medication or side effects will also impact the student.

Describe the severity and duration of this student's diagnosis. Note if the severity of the diagnosis is expected to fluctuate within the next one to two years.

Name of Student's Animal: _____ Animal species: _____

Describe the therapeutic relationship between the student and their animal. Provide the duration of the relationship as well as specific examples of the benefit of this animal.

Provider Information

Printed Name and Title: _____

Provider Signature: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

The information you provide in this document is maintained in the office of Student Accessibility Services at Kent State University according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

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