



DRC Support Animal Documentation Form

The Disability Resource Center (DRC) at Portland State University collaborates with and empowers students with disabilities by working together proactively to determine reasonable accommodations. The DRC generally requires that students requesting reasonable accommodations provide documentation demonstrating a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act Amendments Act (ADAAA). The ADAAA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

The individual listed below has requested specific housing accommodations related to a support animal. In order for a student to be considered eligible to receive university housing accommodations, the documentation must show significant functional limitations that impact the student's ability to access university life at P.S.U.

The form below has been created as a courtesy to the Qualified Licensed professional* to fill out, however if preferred, the questions listed below could be addressed in a signed, formal letter submitted on professional letterhead.

To be filled out by student:

Student's Name: _____ PSU ID#: _____
Today's Date: _____ Date of Birth: _____

**To be completed by the Qualified, Licensed Professional in conjunction
with a letter written on professional letterhead or Verification of Disability Form:**

1. Date of Diagnosis and Date of Most Recent Visit:
2. Please identify the student's diagnosis/impairment(s) for which the support animal will provide assistance:
3. Discuss the limitations the student experiences as a result of the diagnosis/impairment listed above:

4. Describe the assistance the support animal will provide to mitigate the limitations described above **(Please be specific):**

5. In addition to the support animal's role described above, discuss the student's **overall treatment plan** (medication, treatment, therapy, etc.) to address the limitations the student experiences:

6. Based on the information you have provided, are you prescribing a support animal?

Yes No

Signature of Qualified Licensed Professional:	Date:
Printed Name and Title:	License #:
Address:	Telephone #:
City, State, Zip Code:	Fax #:

*Qualified Licensed Professionals must have expertise in the differential diagnosis of the documented impairment(s) or condition(s) and follow established practices in their field.

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