

Name _____ Student ID # _____

Process Information

The University of West Florida is committed to providing equal opportunity to all of its programs, activities, and services, and in compliance with the Americans with Disabilities Act (ADA) as amended in 2008, Section 504 of the Rehabilitation Act of 1973, and the Fair Housing Act (HUD). The University of West Florida provides reasonable accommodations for a student with a disability who has a verifiable need of having an **Assistance Animal** in University housing. A reasonable accommodation is an exception to the University's rules, policies, practices, or services that a student with a disability may need to have an equal opportunity to use and enjoy University housing.

How to Request an Assistance Animal in University Housing

The student must have accepted a Housing and Residence Life Contract to request consideration to have an Assistance Animal in University Housing. These steps should be followed to request an Assistance Animal:

1. Have Your Provider Complete the Healthcare Section

The student should complete all student sections of the Request for Assistance Animal in University Housing form and the Assistance Animal Rights & Responsibilities form.

A qualified treatment provider (e.g., psychiatrist, psychologist, primary care provider, or licensed clinical social worker) must complete the *Student Healthcare Provider Section (page 4)* of the request form.

2. Submit Your Application and Upload Documents

Go to uwf.edu/sar and complete the Request Accommodations application. In the application, upload and provide the following completed forms:

- Request for Assistance Animal in University Housing form
 - Assistance Animal Rights & Responsibilities form
 - Veterinary records showing current vaccinations
- (All required forms can be found on our website.)*

3. Monitor Your UWF Student Email for Updates

Student Accessibility Resources will notify you if your request is approved or if additional information is needed. Once approved, Housing & Residence Life will email you with the official start date your assistance animal is permitted on campus.

Criteria for Evaluation and Accommodation Process for Assistance Animals

Purpose and Review Criteria

The information provided will be carefully reviewed to establish:

1. That the student qualifies as an individual with a documented disability;
2. That the requested Assistance Animal is essential to ensure the student, as a person with a disability, has equal opportunity to fully utilize and enjoy university housing; and
3. That there exists a demonstrable nexus between the student's disability and the assistance provided by the animal.

Important Deadlines

To properly coordinate your accommodation request, please adhere to the following deadlines. Assistance animals are not permitted in University Housing until the registration process is fully completed:

- **Fall Semester:** May 1
- **Spring Semester:** November 1
- **Summer Semester:** April 1

Requests submitted after these deadlines will be considered; however, determinations may not be finalized before the semester starts. All final accommodation decisions will be communicated in writing by Student Accessibility Resources.

Assistance Animal Accommodation Factors

In accordance with University Policy P-19.01-01/20, the University may consider, among other factors, the following when determining whether the presence of an assistance animal is reasonable or when making housing assignments:

- The animal's size relative to available housing space;
- Whether the animal's presence would displace another individual from housing (e.g., conflicting disabilities);
- Whether the animal's presence infringes upon another individual's right to peace and quiet enjoyment;
- Whether the animal is housebroken and able to live harmoniously with others;
- Whether the animal's vaccinations are current and up to date;
- Whether the animal poses or has posed a direct threat through aggressive behavior;
- Whether the animal has caused excessive damage beyond reasonable wear and tear;
- Whether the animal is a typical household pet.

Animal-Specific Approvals

Approval is granted only for the specific animal named in the request. If the student wishes to replace the Assistance Animal, a new request and updated documentation must be submitted for review and approval by Student Accessibility Resources.

Room Assignment & Housing Adjustments

The University reserves the right to reassign the student to a different housing space if needed to accommodate the Assistance Animal without adversely impacting others (e.g., a roommate with allergies or a medical condition).

Review Timeline & Notification

The student will be notified of the final determination *within 7–10 business days* after all required forms have been received in completed form.

If the student does not agree with the determination, they may follow the *University's Grievance Procedure*, available at www.uwf.edu/sar.

Student Information (completed by student)

Student Name _____ **UWF ID** _____

UWF Student Email _____

Home Address _____ **Local Address** _____

Home Phone _____ **Local Phone** _____

REQUIRED

I have read all pages of this document, and understand the conditions outlined.

Student Signature: _____

Completed Form Submission

The completed Request for Assistance Animal in University Housing form, along with all required documentation, should be submitted to Student Accessibility Resources (SAR) as an attachment to the online Accommodations Request application, available at uwf.edu/sar.

Alternatively, forms may be submitted via mail, fax, or email:

By Mail:

Student Accessibility Resources
Bldg. 19/Room 100D
11000 University Parkway
Pensacola, FL 32514-5750

By Fax: 850-474-2250

By Email: sar@uwf.edu

Name _____ Student ID # _____

Student Healthcare Section (completed by healthcare provider)

Name: _____ DOB: _____

To properly evaluate how The University of West Florida can best meet the student's need for **requesting an Assistance Animal in University housing**, the University requires specific diagnostic information from a licensed clinical professional or health care provider who is directly responsible for the treatment of the student's disability, including the intentional use of an Assistance Animal to address specific functional limitations that result from the student's physical or psychological condition(s). The provider completing this form **cannot** be a relative of the student.

The provider should completely respond to ALL questions and may attach additional related information.

<p>1. Does the student who you have individually examined and treated have a physical or mental impairment that substantially limits one or more major life activities?</p> <p>a. NO.</p> <p>b. YES: Describe what major life activities are impaired:</p>
<p>2. Does the student need an assistance animal due to a disability?</p> <p>a. NO.</p> <p>b. YES.</p>
<p>3. Identify the disability-related need for an Assistance Animal, and explain how the animal alleviates one or more of the identified substantially-limiting major life activities (thereby reducing the identified symptoms or effects of this individual's existing disability).</p>
<p>4. What type of animal is being requested?</p>
<p>5. If the student (animal owner) requires a re-evaluation in the future to qualify for this accommodation, what is the time frame of this accommodation?</p> <p>a. Start Date: _____ End Date: _____</p> <p>b. ____ No re-evaluation necessary. This is a permanent condition. ____ (Provider's Initials)</p>

☐ I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name _____ License # _____ State _____

Provider Title _____

Address _____

City _____ State _____ Zip _____

Provider Signature _____ Date _____