



Service Animal Request



Requester Information

REQUESTER FULL NAME: C	RELATIONSHIP TO STUDENT:
First Name, Last Name	E.g., Parent, Guardian, Caregiver
PHONE:	EMAIL:
STUDENT'S FULL NAME:	GRADE:
First Name, Last Name	
FULL SCHOOL NAME:	

Service Animal Information

ANIMAL TYPE/SPECIES:	BREED:
	If Applicable
TASKS PERFORMED BY ANIMAL:	
Describe tasks related to your disability. E.g., "Assists with mobility by retrieving items and providing balance support."	

Training Status

HAS THE ANIMAL BEEN TRAINED BY AN ACCREDITED ORGANIZATION?	YES:	NO:
IF YES, ORGANIZATION NAME AND CERTIFICATION DETAILS:		
E.g., Name of Organization, Certification Date / ID...		

Confirmation of Need

I confirm that I have a disability and require this service animal for assistance related to my disability.	YES:	NO:
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Agreements and Responsibilities

I AGREE TO:	Ensure the animal is under control at all times (e.g., leashed or harnessed unless performing tasks).
	Handle all care needs without disrupting school activities.
	Address any concerns from the school community (e.g., allergies) in cooperation with school staff.
ACKNOWLEDGEMENT / DECLARATION:	
By electronically submitting this form, you hereby declare that the information contained herein is true, accurate, and complete to the best of your knowledge and belief, and you confirm your intention to formally submit this form.	
Required	
DATE:	SIGNATURE:
mm/dd/yyyy	If Filing Electronically, Type Your First Name, Last Name