Southeastern Seminary
Housing Office
Service and Emotional Support Assistance Animal
Accommodation Request Form

The Housing Office provides reasonable accommodation to students with disabilities who have a verifiable need for the accommodation. The Housing Office is also mindful of health and safety concerns on Seminary property and seeks to balance the needs and rights of all Seminary community members. In the case of a fellow resident with a conflicting accommodation for a registered disability, The Housing Office will consider the needs of both persons in meeting its obligations to reasonably accommodate all students, as well as to provide for the health and safety of its property, and resolve the problem as efficiently and expeditiously as possible. Relocation of students because of conflicting accommodations will be handled with care and consideration for the needs of all parties. Documentation provided by an appropriate professional is required to verify the need for emotional support animals generally; to verify the need for service animals in places other than public spaces, such as residence halls; and to verify that the animal is in good health, and has received all required vaccinations.

Section 1: To be completed by the student-applicant

Name: __________________________________________  Student ID# __________________
Address: ________________________________________________________________________________
City: ___________________  State: _________  Zip Code: ____________________
Phone: _________________  Email: _________________________  Male: ___  Female: ___
Occasional Period(s) Requested:  Jan 1 – May 31 _____  Jun 1 – Dec 31 _____  Year _____
Service or Assistance animal type and breed:_____________________________________________
Name of Animal: _______________________________________________________________________

Is the animal housebroken or housetrained (able to consistently control its waste elimination)?
   Yes _____ No _____

Is the animal crate-trained (able to be consistently confined to a closed crate without barking, whining, or whimpering)?
   Yes _____ No _____

Please provide a personal statement supporting your request and describe how the request relates to your condition:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Please attach the Veterinarian’s verification that the animal is in good health and has received all required vaccinations to maintain the animal’s health and prevent contagious disease. Also attach a picture and copy of the rabies certificate.

I have read, understood, and agree to follow and be bound by the terms and conditions of Southeastern Seminary’s Service and Emotional Support Assistance Animal Policies and Procedures.

Student Signature: _________________________________  Date: __________________
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Section 2: To be completed by Health Care Professional
(*Please note the Health Care Professional cannot be a family member of the student.)

1. What is the student’s relevant medical diagnosis?
   ____________________________________________________________

   Date of diagnosis: ___________________ Last office visit: ________________________

   The condition is ___ permanent ___ temporary (anticipated duration ________________)

   Prescribed medication(s):
   ____________________________________________________________
   ____________________________________________________________

2. Please describe the type, severity, and frequency of symptoms currently experienced by the student and how the disability interferes with one or more major life activities.
   ____________________________________________________________
   ____________________________________________________________

3. Please explain the necessity of the animal for the student to use or enjoy housing on Seminary property.
   ____________________________________________________________
   ____________________________________________________________

4. Please describe the relationship between the student’s disability symptoms or effects and the relief or assistance the animal provides.
   ____________________________________________________________
   ____________________________________________________________

Health Care Professional’s Contact Information.
Signature: ____________________________
Date: ____________________________

Please place physician’s stamped contact information here:

My signature verifies that I am the treating professional and that the contents of section two of this form are true and accurate. Please submit both portions of the request forms via fax, Attn: Doug Nalley at 919-761-2403, or scan and email to housing@sebts.edu or mail to: Director of Housing/Southeastern Seminary/244 N Wingate St/Wake Forest, NC 27587