

**Southeastern Seminary
Housing Office**

Service and Emotional Support Assistance Animal
Accommodation Request Form

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:
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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