LYCOMING COLLEGE
Residential Life Office
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Support Animal (SA) Request 2026-2027

To Be Completed by Student

Name: _____ **Phone**: _____

Anticipated Graduation (month/year): _____

SA's Name: _____ **Type of animal**: _____ **Age**: _____

Request timeframe: This request is for ☐ Fall 2026 ☐ Spring 2027 (you may check both)

The request will be reviewed by a committee consisting of staff from Campus Life, Health Services, Counseling Services, and Disability Support Services who have my permission to release and discuss pertinent information concerning the above request. Further, I authorize members of this committee to discuss this request with my healthcare provider or a person who I have identified as reliable and with personal knowledge of my disability.

_____ _____
Student's Signature Date

Student Healthcare Section – to be completed by healthcare provider or third party with personal knowledge of the student's disability.

To properly evaluate how Lycoming College can best meet the student's need for requesting a Support Animal in College housing, the College requires information from a health care provider or reliable third party who has personal knowledge of the student's disability (as described by the U.S. Department of Housing and Urban Development), including the use of a Support Animal to address limitations that result from such disability.

Specifically, the information provided on this form will be reviewed to determine whether:

1. The student is a person with a documented disability;
2. The Support Animal being requested is necessary to afford the student, as a person with a disability, an equal opportunity to use and enjoy the on-campus housing facilities; and,
3. There is an identifiable relationship between the disability and the support that the Support Animal provides.

Please respond to all questions below and attach additional related information as appropriate.

1. Does the student have a disability, a.k.a. a physical or mental impairment that substantially limits one or more major life activities? Examples of major life activities include impairments to seeing, hearing, walking, breathing, performing manual tasks, caring for one's self, learning, speaking, working, and other impairments that may substantially limit at least one major life activity or bodily function.

   NO _____

   YES. ____ Describe which major life activities or bodily functions are impaired:

   _____

   _____

   _____

   _____

2. Does the student need the Support Animal because the animal does work, performs tasks, provides assistance, and/or provides therapeutic emotional support related to the student's disability?

NO ____

YES ___ Describe how the Support Animal does work, performs tasks, provides assistance, or provides therapeutic emotional support that reduces the symptoms and/or effects of the student's disability:

_____

_____

_____

☐ I verify that the named student information is correct, and that I have personal knowledge of this student (i.e. knowledge used to diagnose, advise, counsel, treat or provide health care or other disability-related services to a patient/client).

Provider/Third Party Information – to be completed by health care provider or reliable third party with personal knowledge of the student's disability

Provider Name: _____

Provider Qualifications (License Number, Certification, Degree, if applicable): _____

_____

Address: _____

Phone: _____

Email: _____

Signature: _____

Date: _____

This form will be accepted only if received directly from the health care provider.

Email: reslife@lycoming.edu

Fax: (570) 321- 4147

Mail: Campus Life Office
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Williamsport, PA 17701