



Request for Approval for the Use of a Service Animal

	Date of Request:	_____
	Receiving	_____
Student:	School:	_____
Parent/Guardian:	Principal:	_____
Address:		_____

Phone:		_____

Identify and describe the need for the service animal as it relates to the employee or the student's disability and describe the manner in which the service animal will meet the individual's particular need(s). If more space is required, please add additional pages.

Type of Service Animal: ☐ Dog ☐ Other

Name of Animal: _____

- ☐ Letter from physician is attached
- ☐ Service Animal Documentation: Animal is properly trained
- ☐ Animal Licensed
- ☐ Vaccinations Record
- ☐ Institute Where the Animal was Trained / Name of handler:
- ☐ Liability Insurance

Request must be submitted by Principal to the Superintendents' Department.