Documentation Form: Animal on Campus

Students Name: ____________________________

The student named above is requesting authorization to have an animal on campus with him or her as a disability accommodation. In order to determine if an exception should be made to the College’s no pet policy; a qualified professional must certify that the student has a condition that represents a substantial impairment to a major life activity. It is important to understand that a diagnosis by itself does not substantiate a disability. This form serves only to document the need for an animal on campus. In order to receive other types of disability accommodations, more extensive documentation is required. Documentation requirements can be found at the following website: (www.ramapo.edu/students/oss/documentation.html)

The College expects the following in regards to documentation:

- The forms will be completed with as much detail as possible as a partially completed form or limited responses may hinder the eligibility process.
- Assessment information that is more than a year old may be considered out of date depending on such factors as the student’s current age, student’s age at time of assessment and the nature of the diagnosis.
- Forms must be completed by a professional who has comprehensive training and direct experience regarding the condition. In addition, the professional must be in a field that is generally accepted as being able to make the type of diagnosis in question.
- The professional completing forms cannot be a family member of the student or someone who has a personal or business relationship with the student.

What is the nature of the student’s condition?

How long has the student had this diagnosis/condition?

What is the severity of the condition?  Mild  Moderate  Severe

Explain the severity as indicated above:

What is the expected duration?  Chronic  Episodic  Short-term

Explain the duration indicated above:

Date of first contact with student:

Date of last contact with student:
Student’s current symptoms and concerns:

When did you first prescribe the use of animal for this student?

What type of animal have you prescribed for this student?

What function or support does the animal provide in regards to the student’s condition?

Where on campus would the student need the animal?

Would the student be able function productively without the animal?

Certifying Professional

_______________________________    ___________________________
Name and Title    License or Certification #
_______________________________    ___________________________
Address      Phone #
_______________________________     __________________________
City, State, Zip     Fax #
_______________________________     __________________________
Signature of Certifying Professional  Date

Please Return To:

Office of Specialized Services
Ramapo College of New Jersey
505 Ramapo Valley Road
Mahwah, NJ 07430

**DOCUMENTATION RETENTION** - All submitted materials will be held in OSS as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational record. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for only two years after a student has stopped attending the college.