

Assistance Animal Accommodation Request

Students, please complete this page.

PLEASE RETURN FORM TO ummdisabilitv@maine.edu OR FAX TO 207-255-1340 OR MAIL TO UMM-Student Accessibility SERVICES 116 O'BRIEN AVE TORREY HALL, MACHIAS ME 04654

Name: _____ ID or DOB: _____

E-mail: _____@maine.edu

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Cell Phone: () _____

Best way to leave you a message: Email Cell Phone Home Phone

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship to you: _____

Phone: () _____ Alternate Phone/E-mail: _____

1. When do you want accommodations to begin? Immediately Fall Spring Summer

2. What is your student status? Incoming First Year Continuing Student Incoming Transfer Student

3. Please list any residential programs in which you are or wish to participate i.e. Living/learning community:

4. Please list any roommate preferences:

5. Type of animal you are requesting i.e. cat, hamster, etc:

6. Please describe your disability. How does your disability prevent you from fully accessing and participating in residential housing?
