

Disability Management Systems

402 Oregon Street, Suite 102, Box 90142, Durham, NC 27708, Telephone: (919) 668-1267, Fax: (919) 668-3977, <http://www.access.duke.edu>

**Employee/Visitor Request for Assistance Animal in Residence Hall**

Duke University encourages individuals with disabilities to participate in its programs and activities.  If you anticipate needing any type of reasonable accommodations, or have questions about the reasonable accommodations process, please contact your program sponsor in advance of your participation or visit.

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| --- | --- |
| **Name:** |  |
| **Current address:** |  |
| **Daytime phone number:** |  |
| **Email address:** |  |
| **Location of Summer Employment:** |  |
| **Address:** |  |
| **Phone number:** |  |
| **Site Supervisor/Manager:** |  |

What is the nature of your impairment? (check one or more, as needed)

󠇫 Asperger’s & Other Pervasive Development Disorders

󠇫 Attention Deficit/Hyperactivity Disorder

󠇫 Blindness or Low Vision

󠇫 Chronic Health

󠇫 Deafness or Hard of Hearing

󠇫 Learning Disability

󠇫 Mobility

󠇫 Psychological disorder

󠇫 Other:

Please explain the nature of your impairment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Type of Assistance Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Animal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your animal current on all vaccinations?: \_\_\_ Yes 󠇫 \_\_\_ No 󠇫

I voluntarily give Duke University permission to contact the following doctor(s), as necessary, for discussion of my case as it relates to possible limitations of a major life activity, which can affect my employment. I have been given the opportunity to ask questions regarding this form and to have those questions answered to my satisfaction. I further understand that all information obtained from this interaction will be maintained and used in accordance with applicable confidentiality requirement.

Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give Duke University, including but not limited to, DMS, HR, Fire and Safety, and my work unit, permission to explore possible coverage and reasonable accommodations under the American with Disabilities Act and the ADA Amendments Act. I understand that all information obtained during this process will be maintained and used in accordance with applicable confidentiality requirements. I understand that if I am approved to have my assistance animal in the residence hall that I will abide by the Duke University Assistance Animal Policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note to applicant:** Please submit current medical documentation from your provider confirming that you have a disability that substantially limits one or more major life activities. Accommodations are not granted on the basis of a diagnosis; they must be tied to current functional impairment(s). The diagnosis of a disorder/impairment alone does not automatically qualify an individual for accommodations under the federal laws. A link must be established between the requested accommodation and the current functional limitations of the individual that are pertinent to the anticipated workplace environment. Documentation should be mailed, faxed, or emailed to:

Disability Management System

Duke University

Box 90142

Durham, NC 27705

Fax: 919-668-3977

[dukedms@duke.edu](mailto:dukedms@duke.edu)