



Paul Menton Centre for Students with Disabilities

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Web: carleton.ca/pmc Email: pmc@carleton.ca

DOCUMENTATION FOR SERVICE ANIMAL

Student's Name: _____ Date of Birth (YYYY-MM-DD) _____

PART A: INFORMED CONSENT (To be completed by the student)

I authorize Dr. _____ (full name) to release this form and provide other information relevant for provision of disability supports and services at the Paul Menton Centre for Students with Disabilities.

Date (YYYY-MM-DD) _____ Student Signature : _____

Student's Informed Release is done in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information

PART B: To be completed by an authorized health care practitioner

Who can complete this form?

An appropriate regulated health professional who is a registered member with one of seven authorized professional colleges in Ontario.

Verification of Disability Needs

Please specify the disability requiring the assistance of the recommended service animal in the academic environment.

Please specify the type of service animal that is recommended to assist with this student's disability.

Is the assistance of the recommended service animal **medically necessary** at all times for the student to participate in their academic studies? Yes ___ No ___ Please elaborate:

What are the functional impairments the recommended service animal helps to mitigate or address in the academic environment?

How does the assistance of the service animal help to mitigate/address the above functional impairments?

Certificate of Attending Registered/Certified Health Professional

I hereby certify that I provided health care services to, _____, a student at Carleton University. I am providing the above information for use by the University in assessing what academic accommodations, if any, should be offered to the student. I understand I may be contacted by the student's PMC coordinator to verify this information, but will not be requested to provide further information without the consent of the student.

Name: _____ Registration Number: _____

Area of practice or expertise: _____

Signature: _____ Date (YYYY-MM-DD) _____

Address: _____

Telephone: _____ Fax: _____ Email: _____

Stamp or business card here

The personal information requested on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 and the Personal Health Information Protection Act (PHIPA), 2004 SO 2004,c.3 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact the Privacy Office at phone: (613) 520-2600 ext. 2047, e-mail University.Privacy.Office@carleton.ca or mail: 607 Robertson Hall Carleton University 1125 Colonel By Drive, Ottawa Ontario K1S 5B6. Carleton University is fully compliant with FIPPA and PHIPA and endeavors at all times to treat your personal information in accordance with the law.