



San Francisco Community College District

**Reasonable Accommodation Request: Use of a Service Animal**

**SHORT FORM**

(CONFIDENTIAL)

This form is to be used when employee is only requesting the use of a service animal.

**The following to be completed by employee:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Please provide us with the name of your health care provider(s) who can assist in this request. If you have additional providers who also have information on this matter, please list that information on a separate sheet of paper and attach it when returning this form to the Title 5/EEO/ADA Compliance Office.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Specialty: \_\_\_\_\_

Please explain how you believe this accommodation will enable you to attend City College of San Francisco: (use extra sheets if needed)

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**PLEASE RETURN TO:** Title 5/EEO/ADA Compliance Office  
San Francisco Community College District  
50 Phelan Ave., B619  
San Francisco, CA 94112

*Note: If there is a need for further clarification on this information, you may be contacted by the ADA Coordinator for employee accommodations.*

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