



EQUAL EMPLOYMENT/EDUCATION OPPORTUNITY OFFICE

Service Animal Long-Term Access Form

WHEN TO USE THIS FORM:

This form is utilized by employees, students, contractors, or volunteers who require the assistance of a service animal on a daily, frequent or long-term basis while in district classrooms or work settings. If the service animal is needed on a one-time, infrequent (one day a week or less), or short-term basis (up to one week), this form is not required. Visitors to activities and events held at a school or MSBSD facility are not required to use this form.

Your Name (student's parent or MSBSD employee):	Today's Date
Your Phone:	Your Email:
Name of MSBSD facility or facilities where the animal will be in service:	Name of student or employee using the service animal:
Circle the status of person using the service animal? Student Employee Other	Date use will begin: _____
Who is the Handler? (usually the student/employee). The Handler is responsible for providing direct supervision, care and control of the service animal at all times while on district property.	Handler's Contact Information (if different from contact information above) Phone: Email:
Describe the task(s) the service animal is trained to do for the person with a disability. Will the animal need to access MSBSD transportation (school bus)? Circle one: YES NO	Your signature below confirms that you have read and understand the information in the 'Service Animal Information' brochure and agree to the following: a. The Matanuska-Susitna Borough School District is not responsible for the care and/or supervision of the service animal. b. The owner is responsible for any damage or injury caused by the service animal. c. The Handler will be in control of the animal at all times. d. If the Handler is someone other than an employee, student or parent of student, a background check may be required as the district's safety procedures.
If transportation access is requested, will transportation be daily to/from school or occasional? If occasional, please describe the access need. Circle one: DAILY OCCASIONAL (please describe)	Your Signature _____ Date _____ (student's parent or MSBSD employee) Handler's Signature _____ Date _____ (if different from student/employee)