



### SERVICE ANIMAL REQUEST FORM – FOR ADULTS

Please complete this form and return to the ADA Office:  
 The Americans with Disabilities Act Compliance Office (ADA Office)  
 2651 W Washington Blvd, Suite 255  
 Chicago, IL, 60612  
 Email (preferred): [ada@cps.edu](mailto:ada@cps.edu) Fax: (773) 553-1091  
 Phone: (773) 553-1013, Option 2 (VOICE)

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

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

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

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

Preferred Contact Method for any follow-up questions:

\_\_\_ Email \_\_\_ Phone - Preferred contact time: \_\_\_\_\_

School Name/Work Site: \_\_\_\_\_

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

I am requesting that I be allowed to have a service animal accompany me (pick all that apply):

\_\_\_ During the entire school day

\_\_\_ To school activities \_\_\_\_\_  
 (identify the specific activities, such as prom, science fair, etc.)

\_\_\_ Other \_\_\_\_\_

I have the following disability (or disabilities) which **require** the assistance of a service animal:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The service animal will perform the following work/tasks:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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I verify that my service animal has been trained: \_\_\_\_\_  
Signature

I verify that my service animal has up-to-date vaccinations and license/registration as required by the City of Chicago: \_\_\_\_\_  
Signature

I commit that my service animal will be treated for and kept free of fleas and ticks, and will be clean and groomed: \_\_\_\_\_  
Signature

I understand that I am liable for any harm or injury caused by my service animal to students, staff, visitors, and/or property. I verify that I maintain insurance covering my service animal and any possible injuries to employees, students, or any person or damage to Board property caused by my service animal. I sent a copy of my certificate of insurance for my service animal to: Risk Management, Board of Education of the City of Chicago, 42 West Madison, 2nd Floor, Chicago, Illinois 60602, [riskmanagement@cps.edu](mailto:riskmanagement@cps.edu).

\_\_\_\_\_  
Signature Date

### Additional Information for CPS Employees:

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

Job Title: \_\_\_\_\_

Supervisor Name and Job Title: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_