

As pursuant to NIACC’s Service Animal Policy and/or Emotional Support Animal Policy, service animals or emotional support animals may be permitted to reside with individuals with disabilities in College Housing as approved by NIACC Disability Services. Please refer to the appropriate policy for specific definitions, rules, responsibilities, exclusions and expectations.

The following tasks comprise the approval process for this Agreement:

Step 1: Obtain approval for a service animal and/or emotional support animal as a reasonable housing accommodation by NIACC Disability Services;

Step 2: Meet with a Housing staff member prior to the animal’s occupancy. (Note: must provide a color photo of your service animal and/or emotional support animal when meeting with the housing staff.)

- Review, complete and sign the NIACC Housing Service Animal and Emotional Support Animal Agreement Form;

NOTE: A color photo of the animal and this Agreement must be submitted, completed and signed along with meeting with Housing staff prior to the animal taking residence.

Student and Animal Profile Information (please print)

Full Name: _____ Banner ID: _____

Phone Number: _____ Email: _____

Animal Type: _____ Animal Name: _____

Animal Breed: _____ Hair Length: _____

Veterinarian Name: _____ Veterinarian Phone: _____

Veterinarian Location: _____

Veterinarian Email and/or website: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Acknowledgement and Release of Information Consent Form

By my signature below, I verify that I have read, understand and will abide by the requirements outlined in NIACC’s Emotional Support Animal Policy and/or Service Animal Policy and Housing’s Service Animal and Emotional Support Animal Agreement Form.

I agree to provide the additional information required to complete my request for a reasonable accommodation under the NIACC’s Emotional Support Animal Policy and/or Service Animal Policy and Housing’s Service Animal and Emotional Support Animal Agreement Form.

I have read and understand the NIACC’s Emotional Support Animal Policy and/or Service Animal Policy and Housing’s Service Animal and Emotional Support Animal Agreement Form and I agree to abide by the requirements applicable.

I understand that if I fail to meet the requirements set forth in the Policy(s) or Agreement Form, NIACC has the right to remove the service animal and/or emotional support animal and I will be nonetheless required to fulfill my housing, academic, and all other obligations for the remainder of the housing contract.

I furthermore give permission to NIACC Disability Services and/or NIACC Housing to disclose to others impacted by the

Service Animal and Emotional Support Animal Housing Agreement Form

presence of my service animal and/or emotional support animal (e.g., Housing staff, potential and/or actual roommate(s)/neighbor(s)) that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing for the presence of the service animal and/or emotional support animal and/or resolving any potential issues associated with the presence of the animal.

I further recognize that the presence of the service animal and/or emotional support animal may be noticed by others visiting or residing in NIACC Housing and agree that staff may acknowledge the presence of the animal, and explain that under certain circumstances service animals and/or emotional support animals are permitted for persons with disabilities.

I understand that if I violate any aspect of NIACC’s Emotional Support Animal Policy and/or Service Animal Policy and Housing’s Service Animal and Emotional Support Animal Agreement Form, disciplinary action may result.

These rules and expectations have been presented to me on this date.

I, _____ (PRINT FULL NAME), give permission to the Director of Housing or his/her designee(s) to contact my animal’s veterinarian to request additional medical documentation, if needed.

I, _____ (PRINT FULL NAME), understand that if I violate any provision of the College’s Policy(s), I may be required to immediately remove the animal from NIACC Housing and be subject to disciplinary sanctions.

I, _____ (PRINT FULL NAME) understand that if I have questions, concerns, or need assistance that I may contact NIACC Housing &/or NIACC Disability Services.

Student Signature

Date

Direct of Disability Services

Date

Housing Staff Signature

Date