

STUDENT DISABILITY SERVICES Emotional Support Animal Request Form

Date of Request: _____ Student N#: _____

Resident Name: _____
Last First M.I.

Email Address: _____ Phone Number: _____

Animal Information

Animal's Name: _____ Type of Animal: _____

Gender: Male Female Breed: _____ Hair Length: _____

Hair Color: _____ Weight: _____ Age: _____ Spayed/Neutered? Yes No

Physical Description of Animal: _____

Also send the following to the Housing Office:

- Copy of Veterinarian's verification that all shots/vaccinations are up to date
- Proof of rabies vaccination
- Current photograph of animal

INFORMED CONSENT FOR RELEASE OF INFORMATION

This release will remain in effect while you are a resident of New College.

I, _____, authorize New College of Florida to disclose to others that may be impacted by the presence of an animal (i.e., College staff, potential and/or an 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 Support Animal and/or resolving any potential issues associated with the presence of the animal. Furthermore, I understand that all other information, including personally identifiable information, regarding my request will be protected and kept confidential, except as otherwise required by law.

Signature: _____ Date: _____

**STUDENT DISABILITY SERVICES
MEDICAL INFORMATION RELEASE FORM**

I, _____ give my consent for New College representatives to make contact with my health professional(s) to ask for my healthcare information, and give permission for my health professional(s) to release my relevant healthcare information to the requesting New College representatives for the purpose of evaluating my Request for an Emotional Support Animal.

Below is a list of my health professional(s) that can be contacted:

Name:

Contact Information:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____

Submit the request in person, by fax, scan & email, or by mail to:

New College of Florida
Student Disability Services
5800 Bay Shore Rd, HCL 3
Sarasota, FL 34243
Fax: 941.487.4517
Email: disabilityservices@ncf.edu