

## **Acknowledgement, Release of Information Consent, and Emergency Contact Form**

By my signature below, I verify that:

- I have read, understand and will abide by the requirements outlined here and I agree to provide the additional information required to complete my Request for a Reasonable Accommodation for College Housing under the College's Emotional Support Animal Policy.
- I have read and understand the Emotional Animal Policy and Agreement and I agree to abide by the requirements applicable to Emotional Support Animals. I understand that if I fail to meet the requirements set forth in the Policy, St. Olaf College has the right to remove the Emotional Support Animal and I will nonetheless be required to fulfill my housing, academic, and all other obligations for the remainder of the housing contract.
- I furthermore give permission to Disability and Access (DAC) to disclose to others impacted by the presence of my Emotional Support Animal (e.g., Residence Life 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 Emotional Support Animal and/or resolving any potential issues associated with the presence of the Emotional Support Animal.
- I further recognize that the presence of the Emotional Support Animal may be noticed by others visiting or residing in College Housing and agree that staff may acknowledge the presence of the animal, and explain that under certain circumstances Emotional Support Animals are permitted for persons with disabilities.
- I consent to provide a non-St. Olaf Emergency Contact who has agreed to retrieve and care for the Emotional Support Animal should it become necessary. This non-St. Olaf Emergency Contact must live no more than two hours away from St. Olaf College. If my emergency contact cannot retrieve and care for the animal, I consent to allow St. Olaf College staff to remove the animal to a shelter.
- I consent to provide vaccination records for an ESA when appropriate. (Please attach vaccination records to this print out.)

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DAC Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Life Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Contact/Caretaker:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_

Phone \_\_\_\_\_