

SERVICE or EMOTIONAL SUPPORT ANIMAL REQUEST FORM

Date of Request:		
Student name:		
NCC ID: Phone Number:		
Email:@student.northampton.edu		
Address:		
ANIMAL INFORMATION:		
nimal's name: Type of animal:		al:
Breed:	Gender of animal:	Weight:
Physical description of animal:		
Current photograph of the an	imal attached to this docum	nent
Copy of Veterinarian's verifica	ation that the animal has all	required vaccinations following state
_		ogs, must have Veterinarian's written
statement regarding the anim	· ·	
For dogs only: Copy of curren	t Dog License	
INFORMED CONSENT FOR RELEASE O)F INFORMATION:	
This release regarding this information housing, or, inform Disability Service		-
l,	, understand this i	request form may be shared with the
Office of Disability Services and the O	ffice of Housing and Resider	nce Life. I authorize Northampton
		and Residence Life to disclose to others
that may be impacted by the presence		
actual roommates if I will be living with		
understand this information will be sh		, -
and/or resolving any potential issues Furthermore, I understand that all oth		
confidential, except as otherwise requ		iy request will be protected and kept
Signature:	·	Date:

Completed form must be returned by person, by fax, scan and email, or mail to:

Disability Services Office, CC341 Northampton Community College 3835 Green Pond Road Bethlehem, PA 18020 FAX: 610-861-5351 email: disabilityservices@northampton.edu.