



### EMOTIONAL SUPPORT ANIMAL REQUEST FORM

Date of Request: \_\_\_\_\_

Student name: \_\_\_\_\_  
Last First MI

NCC ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_@spartan.northampton.edu

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

#### EMOTIONAL SUPPORT ANIMAL (ESA) INFORMATION:

Animal's name: \_\_\_\_\_ Type of animal: \_\_\_\_\_

Breed: \_\_\_\_\_ Gender of animal: \_\_\_\_\_

Hair Length: \_\_\_\_\_ Weight: \_\_\_\_\_

Physical description of animal: \_\_\_\_\_

Current photograph of the animal attached to this document

#### INFORMED CONSENT FOR RELEASE OF INFORMATION:

**This release regarding information on having an ESA will remain in effect while you are a resident of College housing, or inform Disability Service you no longer require this ESA.**

I, \_\_\_\_\_, authorize Northampton Community College Office of Housing and Residence Life to disclose to others that may be impacted by the presence of an animal that I will be living with an animal as an accommodation to the Housing Program. This includes College staff and potential and/or actual roommates. I understand this information will be shared with the intent of notifying for the presence of the ESA and/or resolving any potential issues associated with the presence of the animal in College housing. I understand this request form may be shared with the Disability Services Office and the Office of Housing and Residence Life. Furthermore, I understand that all other information regarding my request will be protected and kept confidential, except as otherwise required by law.

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

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

Disability Services Office, CC250  
Northampton Community College 3835 Green Pond Road / Bethlehem, PA 18020 FAX: 610-861-5351  
email: [disabilityservices@northampton.edu](mailto:disabilityservices@northampton.edu).