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 the Service and Emotional Support Animal Housing Policy and I agree to provide the additional information required to complete my Request for a Reasonable Accommodation under the University's Policies on Reasonable Accommodations and Service and Emotional Animals in University Housing.

I have read and understand the Service and Emotional Animals Policy in Housing and Residential Life and I agree to abide by the requirements applicable to Service and Emotional Animals. I understand that if I fail to meet the requirements set forth in the Policy, Montana State University Billings has the right to remove the Service and Emotional Animals 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 the Office of Disability Support Services to disclose to others impacted by the presence of my Service and Emotional Animals (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 and Emotional Animals and/or resolving any potential issues associated with the presence of the Service and Emotional Animals. I do not consent to the disclosure of the nature or severity of my disability.

I further recognize that the presence of the Service and Emotional Animals may be noticed by others visiting or residing in University Housing and agree that staff may acknowledge the presence of the animal, and explain that under certain circumstances Assistance Animals are permitted for persons with disabilities.

Individual	Signature
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Disability Support Services Representative

Residence Life Representative

Date

Date

Date