

Name of Student: _____

Name of Animal: _____

Date: _____

Emergency Contact Information for Emotion Support Animal

For a student to be granted permission to have an emotional support animal at Briar Cliff University, they must submit this completed form filled out by a person who agrees to be the emergency contact. If needed, this person agrees to pick up and care for the emotional support animal until the owner or animal can return to campus. This person must not be another BCU resident who resides in university housing.

Signature: _____ Date: _____

Printed Name: _____

Name and Address of Facility: _____
