



Scott Properties

P.O. Box 2047, Mt. Pleasant SC 29465 • PH: 843.972.9008 • FAX: 843.972.9014

Authorization for Release of Confidential Information

I (please print) _____ Address _____

Authorize Scott Properties to obtain the information from my Health Care Provider.

To obtain the following information:

For the following purposes: _____ In accordance with _____, I the above listed individual, hereby authorize the release information from my health care record to the individual(s) named above and for the reasons specified. I acknowledge by my signature that I understand that although I am not required to release my information, I am giving my consent to do so. Additionally, I understand that I may revoke this authorization in writing at any time, except for that information which has already been released with consent and prior to my revocation.

Resident Signature: _____ Date: _____

Prohibition on Re-Disclosure This information has been disclosed to the named individual(s) from records whose confidentiality is protected by Federal Law. Federal Regulations (FERPA and ADA) prohibits making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general Authorization for the release of medical or other information is not sufficient for this purpose.



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**SERVICE / ASSISTIVE / EMOTIONAL SUPPORT ANIMAL ACCOMODATION
REQUEST
(To be filled out by Applicant)**

Date: _____

Applicants Name: _____

Rental Address Applying for: _____

Dear Scott Properties of Charleston,

I have a disability as defined by the fair housing laws. I use a service/assistance animal to assist me with the functional limitations related to my disability. My service/assistance animal enhances my ability to live independently, and to use and enjoy my dwelling fully.

Type of service/assistance animal (dog, cat, etc.): _____

As an accommodation for my disability, I request that you waive your "no-pet" policy, waive your pet weight / height restrictions and waive your pet deposit/rents.

I have attached a letter from my doctor or other medical professional, or other qualified third party who, in their professional capacity, has knowledge about my disability and my need for a reasonable accommodation. The letter verifies that I have a disability as defined in the fair housing laws, and that I have a disability-related need for a service animal.

Signature of Applicant

Printed Name of Applicant