

Term: _____

Service and Assistance Animal Policy Acknowledgement Form Initial

Student Name: _____ T#: _____

Residence Hall & Room: _____ Type/Name of Animal: _____

Mark the applicable choice: Service Animal Other Assistance Animal

By my signature below, I verify that I have read, understand and will abide by the Guidelines outlined here and I agree to provide the additional information required to complete my Request for a Reasonable Accommodation under the University's Service and Assistance Animal Policy.

Resident Handler Signature

Date

Emergency Contact (must be off-campus)

Emergency Contact Phone

*If reasonable attempts to reach the Handler or the Handler's emergency contact have failed, the University reserves the right to have the animal removed. Any expenses incurred by the University would be charged to the Handler. Please contact the Office of Disability Services if you have an emergency situation that would impact your ability to fulfill the Handler's Responsibilities as outlined in the policy.

For Office Use Only

Disability Services Representative

Date

Housing Staff has notified Roommate(s)/Suitemate(s):

Resident Name: _____

Date Notified: _____

Resident Name: _____

Date Notified: _____

Resident Name: _____

Date Notified: _____

Notified FAMA/Bldg Personnel

Added to occupancy graph

Emailed Resident Handler

Housing Representative

Date