

Term: _____

Service and Assistance Animal Policy Acknowledgement Form Renewal

Student Name: _____ T#: _____

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

Mark the applicable choice: Service Animal Other Assistance Animal

By my signature below, I confirm that:

- I have reviewed and will continue to follow the *Service and Assistance Animal Policy*.
- My animal information and care arrangements remain unchanged OR I have reported updates to the Office of Disability Services.

Resident Handler Signature

Date

Emergency Contact (must be off-campus)

Emergency Contact Phone

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