

Term: _____

Acknowledgment Form

Student Name: _____

T#: _____

Residence Hall & Room: _____

Type/Name of Animal: _____

Mark the applicable choice: Service Animal _____ Emotional 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

Disability Services Representative

Date

Housing Representative

Date

*Emergency Contact (must be off campus)

Phone Number

*If reasonable attempts to reach the owner or the owner'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.

***To ensure campus safety, if you are required to quarantine due to COVID-19, and if your approved ESA requires outdoor toileting and/or waste removal, your emergency contact person will need to be able to retrieve the animal for the duration of the quarantine.**

Roommate/Suitemate Acknowledgement

(Only Applicable to Residences in Residence Halls and/or Apartment Shares)

By my signature below, I understand that I will share the common areas of my assigned residential space with the animal approved by this agreement. Should I have any concerns regarding the care and control of the approved animal, I will discuss my concerns with the Approved Animal's Handler and then with Disability Services at (479) 968-0302 or if the Approved Animal Handler and I cannot come to an agreement.

Resident's Name

Date

Resident's Name

Date

Resident's Name

Date