

Term: _____

Service and Assistance Animal Policy Acknowledgement Form

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 Name (must be off-campus)

Emergency Contact Phone Number

*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 these Roommate(s)/Suitemate(s):

Resident's Name: _____ Date Notified: _____

Resident's Name: _____ Date Notified: _____

Resident's Name: _____ Date Notified: _____

☐ Notified FAMA/Bldg Personnel ☐ Added to occupancy graph ☐ Emailed Resident Handler

Housing Representative

Date