



OFFICE OF DISABILITY SERVICES

Service and Emotional Support/Comfort Animal Roommate Agreement Form

This form must be completed and submitted by each roommate prior to the animal occupying the assigned space.

Resident Name (Animal Owner) _____

Resident Name (Roommate) _____

I acknowledge that I have agreed to cohabitate with my Roommate (Animal Owner) who maintains an Emotional Support/Comfort Animal in the suite we share. The animal is a

_____ .

I agree _____ I do not agree _____

[sign to select] *To reside with the resident and their animal*

I consent _____ I do not consent _____

[sign to select] *To allowing the animal in the common living space.*

I understand that I may complete the Service and Emotional Support Animal Grievance Form and submit it to the Office of Disability Services if the animal displays disruptive and/or threatening behavior.

I understand that I will not be held responsible for any damages or cleaning costs associated with my roommate's animal.

Printed Name of Roommate: _____

Signature of Roommate: _____

Residence Hall _____ Room Number _____

Return completed form to: Office of Disability Services
Alabama State University
Attn: Melonie McCord-Judkins, Director
P.O. Box 271
Montgomery, AL 36101-0271
334-229-5127
mjudkins@alasu.edu