

Emotional Support Animal Roommate Acknowledgement

[INSERT NAME] _____, has requested permission to keep an Emotional Support Animal (ESA) in your shared on-campus residence. The type of ESA is a [INSERT TYPE/BREED OF ANIMAL] _____. The purpose of this letter is to confirm your understanding of the arrangements for the ESA.

By signing this letter, you are acknowledging that you have reviewed this information, and it does not mean that you agree with having an ESA in your room. This acknowledgement means that your roommate has discussed ESA arrangements with you and that you have had the opportunity to review information about animals on campus, located at: <https://academics.umw.edu/disability/accommodations/service-animals-esas/>.

If you have a disability that may be impacted or exacerbated by living with the ESA, you have a right to request your own accommodations. By signing below, you acknowledge that to the best of your knowledge you are not aware of any medical condition that may be impacted by the ESA. If you are aware of any such condition, it is advised that you complete the Process for Registration with the Office of Disability Resources (ODR). Please contact ODR by emailing odr@umw.edu or (540) 654-1266 prior to signing this form to discuss the Process for Registration and ways in which our office can support you. Your signature on this form shall not restrict your right to request a medical accommodation from ODR if you later become aware of a condition impacted by living with the ESA. If you have any other general questions or concerns about the presence of an ESA in your room, please contact Residence Life through their [Contact Form](#) or by calling (540) 654-1058.

Your roommate is solely responsible for all care of the ESA. You have no obligation for the care of the ESA. Furthermore, per university guidelines, unless explicitly arranged by ODR, the ESA is only permitted in the owner's bedroom and may not enter into other student's bedrooms or common areas (except as necessary to enter or exit the building). If the owner will be away from campus overnight, the owner is responsible for transporting the ESA off campus for the duration of their absence. If you have concerns related to the ESA in your residence, please share these concerns with Residence Life and Housing or the Office of Disability Resources as soon as possible so that a resolution can be reached.

Note: This form is required for all students utilizing an ESA accommodation and the animal handler is responsible for ensuring this form is completed and submitted for all roommates in their shared on-campus residence.

Signature (roommate): _____ Date: _____

Printed name (roommate): _____