ESA Roommate/s Agreement

ESA Owner: ________________________________
Residence: ________________________________
Room/Suite Number: __________________________
ESA Name: ________________________________
Type of Animal: ______________________________
Breed/Color: ________________________________

ROOMMATE/SUITEMATE(S):
By signing below, you agree to live in the same Austin College residence as the above-mentioned Emotional Support Animal (ESA) owner. You also understand that the ESA owner is solely responsible for the care and behavior of the animal at all times. Please refer to the ESA Policy for more information.

________________________________________
Printed Name
Signature
Date

________________________________________
Printed Name
Signature
Date

________________________________________
Printed Name
Signature
Date

RESIDENCE LIFE VERIFICATION: A staff member from the Office of Residence Life (Wright Campus Center, Room 201) must verify that the listed residence, room/suite number, and provided roommates are accurate prior to ESA approval. False or missing information will lead to the automatic denial of your application.

________________________________________
Patrick Miller, Director
Date