



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 the care and behavior of the animal at all times. Please refer to the ESA Policy for more information.

_____ Printed Name	_____ Signature	_____ Date
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_____ Printed Name	_____ Signature	_____ Date
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_____ Printed Name	_____ Signature	_____ Date
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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