

ROOMMATE/SUITEMATE ACKNOWLEDGMENT

By my signature below, I understand that I will share the common areas of my assigned residential space with the animal approved by this agreement. Should I have any concerns regarding the care and control of the approved animal, I will first discuss my concerns with the approved animal's Owner. If the approved animal Owner and I cannot come to an agreement about the animal, I will then contact Accessibility and Disability Services and Residence Life Office for assistance.

Please return to Director of Accessibility and Disability Services, OBT 142.

Roommate's Printed Name	Signature	Date
-------------------------	-----------	------

Roommate's Printed Name	Signature	Date
-------------------------	-----------	------

Roommate's Printed Name	Signature	Date
-------------------------	-----------	------

Roommate's Printed Name	Signature	Date
-------------------------	-----------	------

Roommate's Printed Name	Signature	Date
-------------------------	-----------	------

Roommate's Printed Name	Signature	Date
-------------------------	-----------	------

Roommate's Printed Name	Signature	Date
-------------------------	-----------	------