

**Emotional Support Animal/Service Animal (“Assistance Animal”)
Roommate Agreement Form:**

This letter is to inform you that one of your roommates has been approved for an Assistance Animal. This animal is a _____. This approved animal will be residing in your shared assigned living space in.

Please note that UL Lafayette will not permit Assistance Animals if they would cause substantial physical damage to the property of others, would pose an undue financial and administrative burden, or would fundamentally alter the nature of the provider’s operations. For example, if a roommate has asthma, allergies, or fear of the animal, it is not reasonable for the animal to live in that particular room/apartment. In these instances, efforts will be made to find an alternative housing arrangement.

Students with medical conditions who are affected by Assistance Animals are asked to contact the Office of University Housing if they have a health or safety related concern about exposure to the Assistance Animal. The University is prepared to also provide reasonable accommodations to individuals with such medical conditions that require accommodation when living in proximity to an Assistance Animal. The Department of Student Rights and Responsibilities and the Office of University Housing will resolve any conflict in a timely manner. The University will consider the conflicting needs and/or accommodations of all residence students involved.

All roommates, suitemates, or apartment mates of the Handler must sign this Roommate Agreement allowing the Assistance Animal to reside in his/her residence. In the event that one or more roommates, suitemates, or apartment mates do not sign this Agreement or approve, the Handler and the Assistance Animal may be moved to a different location.

I have read this Agreement and the University’s Animal Policy, and I understand that an Assistance Animal will be residing in my room/suite/apartment. I agree to allow the Assistance Animal to reside with me. I further understand that if I have a medical condition that would make living with this animal unsuitable, I will contact the Office of University Housing immediately.

Roommate Signature

Date

Roommate Signature

Date

Roommate Signature

Date

Director of Housing or Designee

Date