**Emotional Support Animal Roommate Acknowledgement**

Dear [ROOMMATE NAME]:

Your roommate, [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 OF ANIMAL]. The purpose of this letter is to confirm your understanding of the arrangements for the ESA.

First, by signing below, you acknowledge that your roommate has discussed ESA arrangements with you and that you have had the opportunity to review the ESA Guidelines, located at <https://www.cmu.edu/disability-resources/students/esa-guidelines-17dec18.pdf>.

Second, if you have a medical condition that may be impacted or exacerbated by living with the ESA, you have a right to request your own medical 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, please contact Disability Resources at [access@andrew.cmu.edu](mailto:access@andrew.cmu.edu) or (412) 268-6121 prior to signing this form. Your signature on this form shall not restrict your right to request a medical accommodation from the Office of Disability Resources if you later become aware of a condition impacted by living with the ESA.

Third, 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 the Office of Disability Resources, 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, you may contact your housefellow, RA, or the Office of Disability Resources at [access@andrew.cmu.edu](mailto:access@andrew.cmu.edu).

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_