

**Lincoln Memorial University
Emotional Support Animal Application**

Roommate Acknowledgement Form

I acknowledge that I will share the common areas of my assigned residential space with another student, as well as an Emotional Support Animal or Service Animal approved by the University. I understand that it is my responsibility to contact the Deputy Title IX Coordinator and Compliance Officer if I have a disability-related concern about living with a specific Emotional Support Animal or Service Animal.

Should I have any concerns regarding the care and control of the approved Emotional Support Animal, I will discuss my concerns with the animal's owner. If the owner and I cannot come to a satisfactory resolution between us, then we will meet with the Deputy Title IX Coordinator and Compliance Officer.

I am aware that the Emotional Support Animal is working with its student partner and I will observe the following etiquette:

- I will refrain from interacting with the animal without the owner's permission.
- I will respect the owner's privacy and refrain from inquiring about their disability and/or other personal information related to disability and/or the ESA. If such information is disclosed to me, I will respect the owner's confidentiality and will only share it on a need to know basis (e.g., emergency situation, or if professional attention or intervention is necessary).

Roommate Signature _____ ID _____ Date _____

Roommate Signature _____ ID _____ Date _____

Roommate Signature _____ ID _____ Date _____

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