

Service Animal Registration Form

Student Name:

Date of Birth:

KSU ID#:

Phone Number:

KSU Email:

Address:

Do you have a disability as defined by the ADA? yes no

Is this animal certified as a service animal (or service animal in training) through a national certifying agency? yes no

Name of Agency:

Phone:

Email:

Contact Person:

NOTE: A person training or raising a service animal must identify as an agent or employee of a school for service dogs and provide documentation.

Is this service animal trained to perform a specific task that is directly related to your disability? yes no

What task(s) does the service animal perform?

- 1.
- 2.
- 3.
- 4.

Name of Animal:

Type of Animal:

Current vaccinations? _____ yes _____ no
(please attach vaccination documentation)

_____ The above information is true and complete. I understand that any changes to this information will require a new registration.

Date registered:

Registered by:

Tag #:

Service Animal Alternate Partner Registration

Alternates are all persons accompanying the service animal on behalf of the service animal's handler/partner as defined by the KSU Policy Regarding Service Animal Access to Kennesaw State University Facilities, Programs, Services, and Activities.

Alternate

Name:

KSU ID# (if applicable):

Phone:

Address:

Email:

Handler/Partner

Name:

KSU ID#:

Phone:

Address:

Email:

Service Animal Organization

Name:

Phone:

Email:

Contact Person:

NOTE: If you are a Partner, please attach evidence of credentialing from a service animal organization.

Alternate Certification:

I hereby certify that I am performing duties regarding a service animal or service animal in training (“Service Animal”) as assigned and instructed by a Handler, Partner, or service animal organization and that at all times, I will perform my duties in strict accordance with applicable federal and state laws and KSU policies. I attest that all information contained herein is accurate and further understand and agree that I am personally responsible for the Service Animal being registered even when it is in my care. I further agree to submit an amended registration in a timely manner if any information herein changes. I acknowledge that I have received a copy of the *Policy Regarding Service Animal Access to Kennesaw State University Facilities, Programs, Services and Activities* and understand that my failure to comply with it could result in disciplinary action under applicable KSU policies and procedures as well as the debarring of the Service Animal for KSU facilities.

Signature:

Date:

Tag #:

Date Assigned:

Assigned by:

Expiration:



Maintaining A Service Animal Agreement Form

Date:

Name:

Address:

Email:

Phone:

If campus address is known, please provide the building and room number:

Please check one of the statements below:

I have applied for an accommodation to the existing prohibition of animals in housing due to my need to live with my service animal.

I have applied for an accommodation to the existing prohibition of animals in housing due to my commitment to raise and train a service animal.

I have read and understand the conditions outlined in this agreement. By my signature, I certify that I agree to abide by all terms and conditions described within this document. I understand this agreement is in effect for contract dates _____ to _____ and will be subject to review in subsequent terms.

Resident Signature:

Date:

Roommates/Apartment mates:

In accordance to Section I, Letter A of this Agreement, all roommates or apartment mates must agree to allow the approved service animal to reside within the living unit. Therefore, it is necessary to obtain permission from all roommates/apartment mates of the person who is requesting the service animal if he or she is currently living within one of the on campus housing facilities. Their signatures should be placed within the space noted below.

NOTE: This process is not necessary if the person requesting the service animal has yet to receive a housing assignment for the pending contract year. When the final assignment is made, all attempts will be made by the housing assignments staff to notify the roommates/apartment mates that a service animal will be living in the unit.

I understand that _____ is requesting an accommodation to the housing agreement for a service animal. As a roommate/apartment mate of this resident, I agree to allow the service animal to reside within my living space.

Roommate's printed name:

Roommate's signature:

Date:

Roommate's printed name:

Roommate's signature:

Date:

Roommate's printed name:

Roommate's signature:

Date:

Departmental Approval:

Date:

Director of Residence Life