

**ROOMMATE ACKNOWLEDGEMENT IF APPLICABLE**  
*(Applicable to Students Living in Residence Halls)*

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 discuss my concerns with the approved animal's owner and then with Disability Services via email ([AccessDisabilityServ@edgewood.edu](mailto:AccessDisabilityServ@edgewood.edu)) if the approved animal owner and I cannot come to an agreement.

**Roommate 1**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

**Roommate 2**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Please return a hard copy of this form with a handwritten signature and a date to Accessibility and Disability Services, Dericci 206.