



**Lakeland University- Emotional Support Animal  
Roommate Agreement Form**

I understand that my roommate \_\_\_\_\_  
(student requesting ESA)  
is seeking authorization to have an animal in residence. I agree that I  
am willing to live in student housing with my roommate's Emotional  
Support Animal. I understand that 100% of the care of the animal is  
my roommate's responsibility, and I have no obligation to care for the  
animal.

If there comes a time when this arrangement is not compatible for  
myself or my roommate, I will contact the Director of Residence Life  
and notify them that the arrangement is no longer suitable for one or  
all parties involved.

Name (print) \_\_\_\_\_

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

Housing address: \_\_\_\_\_