

LAFAYETTE COLLEGE

Academic Tutoring and Training Information Center

Easton, Pennsylvania 18042-1773 USA • TEL 610-330-5098 • FAX 610-330-3065 • attic.lafayette.edu

By my signature below, I verify that I have read, understand and will abide by the guidelines outlined in Lafayette College's Service Animal Policy in regards to housing accommodations.

Resident Owner Signature

Date _____

Residence Life Representative

Date _____

Disability Services Representative

Date _____

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Approved Animal Agreement Roommate/Suitemate Acknowledgement

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 Residence Life/Disability Services, if the approved animal owner and I cannot come to an agreement.

Approved Animal Owner: _____

Resident's Address:

Resident's Name

Date

Resident's Name

Date

Resident's Name

Date