



Emotional Support Animal Roommate and/or Co-Workers Acknowledgement

[INSERT NAME] _____ has requested permission to keep an Emotional Support Animal (ESA) in your shared on-campus residence or workspace. The type of ESA is a [INSERT TYPE/BREED OF ANIMAL] _____. This form confirms your understanding of the arrangements for the ESA.

By signing, you acknowledge that you have reviewed this information. It does not mean you agree with having an ESA in your room/workspace. This acknowledgement means that your roommate/co-worker has discussed ESA arrangements with you and you have had the opportunity to review information about assistance animals, located at https://www.hud.gov/program_offices/fair_housing_equal_opp/assistance_animals.

If you have a disability that may be impacted or exacerbated by being in close proximity with the ESA, you have a right to request your own accommodations. By signing, you acknowledge that to the best of your knowledge you are not aware of any medical conditions that may be impacted by the ESA. If you are aware of any such condition, it is advised that you inform the appropriate Disability Coordinator to discuss ways in which Redlands can support you. Your signature does not restrict your right to request a medical accommodation later. For any questions or concerns, please contact the appropriate Disability Coordinator.

Redlands Community College has two (2) Disability Coordinators on campus. We have one for employees and one for students. Listed below is their contact information:

- Employees: Ms. Kim Andrade, Office Phone: (405) 422-1267
Email: andradek@redlandscc.edu, Office Location: AFCC114

- Students: Ms. Kacey Daniels, Office Phone: (405) 422-1203
Email: Kacey.Daniels@redlandscc.edu, Office Location: SS-005

Your roommate/co-worker is solely responsible for all care of the ESA. You have no obligation for the ESA's care. The ESA is only permitted in the owner's bedroom/workspace and must be caged or crated when the owner is away for short periods. The owner must transport the ESA off campus if away overnight.

Note: This form is required for anyone utilizing an ESA accommodation to present to roommates/co-workers for ensuring their acknowledgement of the ESA in shared spaces.

Signature (Roommate/Co-worker): _____ Date: _____

Printed name (Roommate/Co-worker): _____