Kennesaw State University

Service Animal Registration

The steps to register your service animal are:

1. Complete the SERVICE ANIMAL AND HANDLER/PARTNER REGISTRATION form, and the ALTERNATE PARTNER REGISTRATION form if needed.

2. Return the completed, signed form(s) to Student Disability Services by using one of the following methods:

   Email to: sds@kennesaw.edu

   Fax to: 470-578-9111

3. An SDS representative will contact you via email to schedule a short meeting. At the meeting, you will receive a copy of the policy regarding service animals on campus and a tag identifying your service animal as registered. You will also have an opportunity to discuss any questions you have about the registration process and having the service animal on campus.

4. Instruct any alternate handlers who will assist you with the service animal in regards to regulations, policies and procedures. You will still be responsible for compliance when your animal is with an alternate handler. Your alternates may attend your meeting with SDS.

Please contact SDS at 470-578-2666 or sds@kennesaw.edu with questions about completing the registration form.

Additional information about KSU’s policies & procedures regarding service animals can be found on the Student Disability Services website at sds.kennesaw.edu

*NOTE: Partners may not have their service animals in training when they are scheduled to be at work or perform work-related activities.
Kennesaw State University
Service Animal Handler/Partner Registration
Form

Name ________________________________ KSU ID# __________

Address: __________________________________________________

____________________________________________________________

NOTE: If you are a student residing in campus housing, you must also complete the KSU Housing Accommodation Request form to request approval to have a service animal in KSU housing.

Primary phone: ___________________ Other phone: ___________________

Email: __________________________________________________________

Do you have a disability as defined by the ADA? ______yes ______no

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. _____________________________________________________________

Is this animal certified as a service animal (or service animal in training) through a national certifying agency? _____yes _____no

* A person training or raising a service animal must identify as an agent or employee of a school for service animals.

Name of agency ________________________________ Phone ______

Contact person __________________________ Email __________________________

Name of animal __________________________ current vaccinations? ______yes ______no ______form attached

____ 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 animals on behalf of service animal Partners or Handlers as defined by the KSU Policy Regarding Service Animal Access to Kennesaw State University Facilities, Programs, Services and Activities.

Please present this completed form and evidence of your credentialing as a Partner (e.g. ID card or letter on letterhead of organization) from a service animal organization if applicable.

Please PRINT:

Alternate
Name: ____________________________ KSU#: ____________________________
Local Phone: ____________________________ Email: ____________________________
Local Address: ____________________________

Partner or Handler
Name: ____________________________ KSU#: ____________________________
Local Phone: ____________________________ Email: ____________________________
Local Address: ____________________________

Service Animal Organization
Evidence of credentialing as a Partner from a service animal organization is attached: Yes ___ No ___
Name: ____________________________
Contact Person: ____________________________
Telephone Number: ____________________________
Email address: ____________________________
Mailing Address: ____________________________
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 from KSU facilities.

Signature: ______________________________________

Date: ____________________

Tag # _______ Date assigned ___________ Assigned by ______________________
Expiration __________________
Kennesaw State University
Department of Residence Life

Maintaining a Service Animal Agreement Form

Date: ________________________________

Name: _______________________________________

Address: _______________________________________

City: ______ State: ______ Zip: ______

Email Address: ________________________________

Cell Phone Number: ____________________________

If campus address is known, please provide it here:

Term/Year: _________ Building: _________ Unit/Room # _________

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: ______________

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/apartments 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:

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