Kennesaw State University
Service Dog Registration

The steps to register your service dog are:

1. Complete the SERVICE DOG 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:

   Mail to: Student Disability Services  
   Address: Kennesaw State University  
   585 Cobb Avenue, Mail Drop 0128  
   Kennesaw, GA, 30144

   Fax to: 470-578-9111

   Email: sds@kennesaw.edu (emailed forms must be scanned and include signatures)

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

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

Please contact SDS at 470-578-2666 with questions about completing the registration form.

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

*NOTE: Partners may not have their service dogs in training when they are scheduled to be at work or perform work-related activities.
Kennesaw State University
Service Dog 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 dog in KSU housing.

Primary phone: __________________ Other phone: __________________

Email: ________________________________

Do you have a disability as defined by the ADA?  __yes  _no

Is this service dog trained to perform a specific task that is directly related to your disability?  
__yes  _no

What task(s) does this dog perform?
1. ___________________________________________________________________
2. ___________________________________________________________________
3. ___________________________________________________________________
4. ___________________________________________________________________

Is this dog certified as a service animal (or service animal in training) through a national certifying agency?  __yes  _no

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

Name of agency __________________________
Phone __________________ Contact person __________________ Email __________________________

Name of dog __________________________ 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.

I have read and agree to abide by the KSU Service Dog Policy.

Date registered ______________ Registered by ____________________ Tag # __________

Notes:


SERVICE ANIMAL ALTERNATE PARTNER REGISTRATION

"Alternates" are all persons accompanying dogs 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 dog or service dog 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 ________________________
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: __________

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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