Date





Community Acknowledgement of Assistance Animal

Roommate/suitemate acknowledgement for sharing of UWM University Housing residence with owner of an assistance animal Resident owner name and ID number:

Resident building and room assignment:	
Description of animal:	
By my signature below, I acknowledge that I will share my assigned UWM U with a roommate/suitemate that has an approved assistance animal. Should regarding the behavior, location, or care of the animal, I will first discuss my owner. If I continue to have concerns, or if I am uncomfortable discussing my owner, I will contact the appropriate University Housing Administrator.	I have any concerns concerns with the animal's
(A) Roommate/Suitemate's name and signature	 Date
koominate/ Softemate's name and signature	Dale
(B)	
(B) Roommate/Suitemate's name and signature	Date
(C)	
Roommate/Suitemate's name and signature	Date
(D)	
Roommate/Suitemate's name and signature	Date
(D)	

University Housing Administrators: Kari Dawson Acting Associate Director University Housing dawsonk@uwm.edu 414-229-4065

Roommate/Suitemate's name and signature