



Dean of Students Office  
One Cumberland Square  
Lebanon, TN 37087  
(615) 547-1353

### Service Animal Registration Form

Student Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_ - \_\_\_\_\_

Student Address: \_\_\_\_\_  
Street City State Zip

CU Residence Hall and Room Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Service Animal: \_\_\_\_\_ Name: \_\_\_\_\_

List animal's most recent vaccinations: \_\_\_\_\_

*If living on campus in a residence hall, please sign and date the statement below:*

Students living on campus and utilizing a Service Animal are responsible for:

- Any damages incurred from the service animal.
- Cleaning and disposal of waste upon occurrence.
- Fleas and other pests related to the service animal.
- Adherence to noise policies.
- Adherence to all other Residential Life policies.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give Cumberland University permission to release this information to the appropriate faculty and staff as deemed necessary. I understand that faculty in whose classes I am registered as well as Security and other University officials may be provided with a copy of this information, and that it may be necessary to call outside assistance. I further understand that I am responsible for any expense that may be incurred as a result of my service animal's presence on

campus or interaction with the animal. I release Cumberland University and its employees from all liability, injury, or damages occurring while the animal is serving on campus.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_