



Office of Accessibility & Accommodations

Eastern Illinois University
600 Lincoln Avenue
Charleston IL 61920-3099
217-581-6583 (Voice/TTY)
217-581-7208 (Fax)

ESA ROOMMATE SUITE AGREEMENT

I _____ am the roommate of _____. Our campus address is _____. I understand that my roommate requires an Emotional Support Animal that will stay in our residence. I have no concerns surrounding the animal and agree that the animal may live in our residence.

Signature and E number

Date _____