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By my signature below I verify that I have read, understand, and will abide by the requirements and guidelines outlined here and I agree to provide the vaccinations and city and county licenses required by the SHRL under the Assistance Animal Policy.

I have read and understand the ESA & Assistance Animal Agreement and I agree to abide by the requirements applicable to ESAs and Assistance Animals. I understand that if I fail to meet the requirements set forth in the Agreement, CSUEB has the right to remove me and/or remove my ESA/Assistance Animal pursuant to the unlawful detainer process and I will be nonetheless required to fulfill my housing, and all other financial obligations for the remainder of the housing contract.

I furthermore give permission to the SHRL to disclose to others impacted by the presence of my Assistance Animal (e.g., SHRL staff, potential and/or actual roommate(s)/neighbors as needed that I will be living with an animal as an accommodation. I understand that this information will be shared with the intent of preparing others for the presence of the ESA/Assistance Animal and/or resolving any potential issues associated with the presence of the ESA/Assistance Animal.

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Licensee Signature

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Date

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SHRL Staff Signature

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Date

August 16, 2021