

Counseling and Disability Services One Cumberland Square Lebanon, TN 37087 (615) 547-1397

Service Animal Registration Form

Student Name:		Academic Year:		
Student Address:Street		City	State	Zip
CU Residence Hall and Room Num	ber:			
Home Phone Number:		Cell Phone Number	:	
Email:				
Emergency Contact Information:				
Name:	Relationship:	Phone:		
Name:	Relationship:	Phone:		
Name:	Relationship:	Phone:		
Type of Service Animal:	Name:			
List animal's most recent vaccinati	ons:			
If living on campus in a residence h	all, please sign an	d date the stateme	nts below:	
Students living on campus and util	_	•	e for:	
Any damages incurr				
Cleaning and disposFleas and other pes	•			
Adherence to noise		er vice ariiriai.		
Adherence to all oth	•	e 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.