

SPECIAL HOUSING REQUEST FORM REGARDING A MEDICAL ISSUE/CONCERN

Medical issues/concerns prompt a need at times for a special housing request. To make an appropriate determination of your special housing request, medical documentation from your healthcare provider is required. Utica College makes every effort to accommodate your special housing request, however completion of this form initiates consideration but does not guarantee approval.

Dependant on the special housing request, the student is responsible for purchase and maintenance of the appliance and/ or equipment. Student Life and College Engagement may identify additional fee(s) specific to the special housing request. Notification of the decision is via your Utica College e-mail address.

STUDENT: Please complete the top portion of this form and provide it to your healthcare provider (physician, nurse practitioner or physician assistant) for further completion with signature. Return address is below.

Date: _____

Student Name: _____ Student ID # (if known) _____

Home Address: _____

Phone (Home): (____) _____ Cell: (____) _____

Special Housing Request for Consideration _____

Reason for this request _____

HEALTHCARE PROVIDER: Please complete and sign this form documenting the need for a special housing request. Determination of approval for this special request relies heavily on supportive medical documentation.

Please complete the questions below AND attach any supporting medical documentation.

1. Identify the medical diagnosis that requires the above mentioned student and his/her special housing request.
2. Describe the plan of care and all the treatment modalities currently utilized for this medical issue/concern, including (medications: dosage and frequency, lab reports, x-rays, etc.)
3. Describe how this medical issue/concern specifically relates to the request for special housing accommodations.

Healthcare Provider Name & Address (please print/office stamp) _____

Signature: _____ Date: _____

Return Address: Utica College Student Wellness Center, Strebel Center-rm 204 1600 Burrstone Road, Utica, NY 13502
Fax: 315.792.3700 Phone: 315.792.3094