Housing Requests for Medical Reasons

Please review the following guidelines and return the attached forms along with all pertinent documentation to The Wellness Center.

Instructions to Student:

1. Complete the second page of this form.
2. Sign the Release of Information on the top of the third page of this form.
3. Have your health care provider complete the bottom of the third page of this form.
4. Submit all completed forms along with any supporting documentation, and mail to The Wellness Center. Please indicate “Housing Accommodation Request” on the envelope.

Decision Process:

• The Wellness Center Committee will review the request and consult with the health care provider if necessary. The committee will inform the student and the Office of Residence Life of the decision.

• The Office of Residence Life or designee will contact the student to inform him/her of their housing assignment.

• The Office of Residence Life attempts to meet the request of all students. However, given the limitations of existing housing architecture, not all requests will be granted, nor does this process guarantee a reservation of space.

Additional Notes:

• Special Housing Requests are reviewed within 10 business days of the submission deadline. Returning students must submit by 3/31. First-year students must submit by 5/5.

• Students with special dietary needs are encouraged to contact the Director of University Dining Services first to discuss if their needs can be met.

• Dependent on housing availability, late requests will be reviewed the last week in May and the last week in July.

• Air conditioners must be floor standing models; window units are not allowed. The University will not provide air conditioning units to students.

Appeal Process:

• If the student wishes to appeal the decision, a written appeal can be submitted to the Assistant Dean of Student Affairs for Health and Wellness. Appeals can be delivered to the Wellness Center:
  - By mail to The Wellness Center, 220 Pawtucket Street, Suite 300, Lowell MA, 01854
  - By email to disability@uml.edu or fax to 978-934-3080
  - By placing it in the locked boxes in the Wellness Center located on the 3rd floor of University Crossing or the 1st floor of University Crossings at UCAPS.
Housing Requests for Medical Reasons (to be completed by student)

Student Information

Name: __________________________________________________

Student ID #: _________________________    DOB:_____/______/______

Address: ___________________________________________________________________________

Contact Phone #: _________________________ E-Mail Address: ______________________________

Health Care Provider's Information

Name: __________________________________________________

Address: ___________________________________________________________________________

Contact Phone #: _________________________

Contact Fax #: _________________________

Please indicate your housing needs:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Documentation

The University will make every effort to reasonably accommodate your request with documented medical concerns. Special housing accommodations are limited. Submission of this form and supporting documentation does not guarantee that your request will be met.

Please forward all documentation along with this form and release to:

The Wellness Center
University of Massachusetts Lowell
220 Pawtucket Street, Suite 300
Lowell, MA 01854-5144
Attention: Housing Request
Housing Requests for Medical Reasons – CONFIDENTIAL

RELEASE OF INFORMATION (TO BE COMPLETED BY STUDENT)

I, _______________________________ hereby authorize the release of the following information to
(student, print name)
The Wellness Center at University of Massachusetts Lowell for the purpose of determining my eligibility for
special housing. This information may include psychiatric care and/or treatment.

<table>
<thead>
<tr>
<th>UML ID#</th>
<th>Date</th>
<th>Signature</th>
</tr>
</thead>
</table>

(TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER)

Diagnosis(es):

Diagnostic code(s) (ICD 10 or DSM V):

Level of Severity:

Date of Diagnosis:

Date of Hospitalization(s):

Date of Surgery (ies):

Date of last visit:

Current Medication (s):

Currently under treatment?

Expected recovery/rehabilitation time:

Please specify in detail how this student requires specialized housing:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Thank you for your help in providing this information. Please provide us with contact information, should we need
further information or to verify any of the documentation.

Provider’s Name:

License #:

Address: ____________________________________________

Phone: __________________________ Fax: __________________________

Signature: __________________________

Date: __________________________

The completed form can be submitted by mail, email, fax or drop box at the addresses below:

The Wellness Center
220 Pawtucket Street, Suite 300
Lowell, MA 01854-5144

Attention: Housing Request

Email: disability@uml.edu
Fax: 978-934-3080

Drop Box: By placing it in the locked boxes in the Wellness Center located on the 3rd floor of University Crossing or the 1st floor of University Crossings at UCAPS.

Note: The details of this medical documentation will not become part of the student’s academic record.