

REQUEST for MEDICAL HOUSING CONSIDERATION

20__ – 20__ Academic Year

- Students seeking specific housing consideration due to disability or medical necessity must complete and sign the **STUDENT INFORMATION** and **AUTHORIZATION TO RECEIVE HEALTH CARE INFORMATION** sections below.
- In order to effectively evaluate how SUNY Oswego can best meet a student's need for medical housing consideration, the College requires **specific diagnostic information** from a licensed medical professional or health care provider. The provider should be familiar with the history and functional limitations of the student's physical or psychological condition(s). The medical provider identified below will be sent a request from Residence Life and Housing to provide supporting documentation.
- This form is valid for the current academic year only. Forms will be reviewed bi-weekly and must be resubmitted for each academic year.

STUDENT INFORMATION

Name: _____ Student ID#: _____
Last First Middle
Email Address: _____ @oswego.edu DOB: _____
mm/dd/yyyy
Campus Address: _____ Class: Fr. So. Jr. Sr. Gr. Exch. Tr.
Hall Room #
Home Address: _____ City State Zip Code
Street
Home Phone: _____ Cell Phone: _____

Type of Request:

- Specific Room Type or Location
 Single Room
 Room or Residence Hall Fixtures, Equipment, etc.
 Off-Campus Housing (*Request to Terminate Room and Board Agreement form also required*)
 Other (please specify): _____

MEDICAL CONDITION and DISABILITY

1st Diagnosis: _____
2nd Diagnosis (if applicable): _____

AUTHORIZATION TO RECEIVE HEALTH CARE INFORMATION

I authorize SUNY Oswego to receive information from the provider below. Furthermore, I authorize my provider to discuss my condition(s) with the appropriate and qualified SUNY Oswego personnel on an as needed basis.

FERPA Statement: The Family Educational Rights and Privacy Act of 1974 (FERPA), also known as the "Buckley Amendment", is a federal law regarding the privacy of student records and the obligations of the institution, primarily in the areas of release of the records and the access provided to these records. Any educational institution that receives funds under any program administered by the U.S. Secretary of Education is bound by FERPA requirements. More at oswego.edu/registrar/ferpa-information.

Provider Name: _____ Provider Specialty: _____
Address: _____ City State Zip Code
Street
Provider Phone: _____
Provider Fax: _____

Student's Signature: _____ Date: _____

Parent/Legal Guardian signature is required if the student is under 18 years of age:

Parent/Legal Guardian Signature: _____