

MEDICAL HARDSHIP EXEMPTION APPLICATION

Although the University feels that students will have their best opportunities for a well-rounded educational experience living in a supervised residence hall designed for student living, there are some circumstances under which a student may be approved to live off campus. In the event that a student presents sufficient evidence of an extreme medical hardship for which on campus accommodations cannot be made; the student may receive approval to live off campus. In most cases, students with special medical needs or allergy problems can be accommodated on campus, by changing rooms or halls or by providing dietary consultation. Please feel free to call us concerning your residence hall situation at (405) 744-5592. Students requesting exemption from the Housing Requirement based on a medical hardship, must provide the following documents:

- This form, with all sections completed**
- The Application for Exemption from Freshmen Residency Requirement**
- An official letter signed by an appropriate physician who has been treating the student for the condition specified.** The accompanying letter must be on the physician's letterhead and should explain the physician's views of the student's health condition, and their recommendations for appropriate accommodations for the student.
- Documentation of class registration, if applicable.**

INFORMATION TO BE COMPLETED BY STUDENT

Address where student proposes to reside, if approved (Please note, students should not obligate themselves to any off campus arrangements prior to receiving written notification of this office's decision.):

(Names of Co-Resident)

(Age/classification/relationship to student)

(Names of Co-Resident)

(Age/classification/relationship to student)

(Apartment Complex or address if living in a house)

(Telephone Number)

How will this living arrangement benefit you? _____

I verify that the information provided here is true and correct, and I understand that false or misleading information provided by me shall be grounds for taking disciplinary action against me in accordance with the Student Code of Conduct. I also understand that all information provided is subject to verification and that additional information may be required by Housing & Residential Life.

Student Name (Please Print)

Student ID Number

Student Signature

Telephone Number

Date

Please return to: OSU Housing & Residential Life, 100 Iba Hall, Stillwater, OK 74078 or Fax it to 405-744-6775

RELEASE OF INFORMATION REQUEST TO BE COMPLETED BY STUDENT

I, _____ authorize my treating physician to release information to Housing & Residential Life, or their designated review physician, concerning advice, care or treatment provided to me (including information related to mental health) and which relates to the accommodations that I have requested and to establish the validity of my request. This information will be used for the express purpose of determining accommodations for on or off campus living arrangements during my time of enrollment and will not be released to anyone else, other than the aforementioned personnel.

By signing below, I am authorizing that I have read and consent to this release of information. I understand that this information will not be distributed to anyone else in the OSU community, other than necessary employees of Housing & Residential Life and a medical professional, if necessary. I understand that I have the right to revoke this authorization, in writing. However, if the information regarding my claim has not been released to Housing & Residential Life, I do understand that such revocation may suspend review of my request for accommodations and/or exemption.

Student Name (Please Print)

Student ID Number (CWID)

Student Signature

Telephone Number

Date

TREATMENT INFORMATION TO BE COMPLETED BY TREATING PHYSICIAN

Your patient, _____, is requesting an exemption from the freshman residency policy of OSU based on a medical hardship. For the application to be complete and considered for an exemption, please provide a letter on your letterhead explaining your views of the student’s health condition, and your recommendations for appropriate accommodations. It is important that each of the following questions be answered. We reserve the right to have our medical professionals review this request. Please feel free to call us with any questions you may have at (405) 744-5592.

- **How long have you treated this student?**
- **Describe the specific nature of condition or illness.**
- **How long has this condition existed?**
- **Date student was last treated for this condition (The student must have seen you within the past year for consideration for special accommodations)?**
- **How many times have you treated this student over the course of the past year?**
- **What is your treatment plan?**
- **How long do you anticipate that the student will have to follow this plan?**
- **What accommodations are required to maintain the student’s current level of treatment?**
- **When is the most convenient time and day for our office to contact you, if necessary?**