

McDaniel College
Special Housing Considerations Request

Students requiring special equipment (i.e. an AC) or who have special housing circumstances due to specific medical or other concerns must be evaluated and approved by the Student Health Center staff, Counseling staff, or Student Academic Support Services. This form must be completed with all supporting documentation as needed from the student's clinician or psychiatrist regarding the need. Within limitations of space, electrical power, and other considerations, every attempt will be made to honor valid requests, although there is no guarantee that the special request will be accommodated.

Students requesting a single room must submit a letter of request first to the Associate Dean of Student Affairs explaining the rationale for the request. This completed form and all supporting documentation from the student's clinician or psychiatrist should accompany the letter. If the documentation is currently on file with a campus office, please note that in the request letter. The Associate Dean will then direct the appropriate department (Counseling, Health or Student Academic Support Services) to evaluate the request.

NOTE: Requests from **new students** must be submitted and verified by **July 1st** for consideration.

Requests from **returning students** must be submitted by **April 1st** for consideration for the fall semester and by **January 1st** for consideration for the spring semester.

To be completed by student:

Date of request: _____

Name: _____ Student ID number: _____

Request for:

- Air conditioner (The student must provide/install own UL approved, energy efficient 5500 BTUs or less unit; Residence Life will provide an approval sticker. There is a \$50.00 A/C fee.)
- Single room (Submit letter and completed form to the Associate Dean of Student Affairs)
- Other: _____

Reason for request: _____

Students must have their personal clinician or psychiatrist submit a written description of the medical condition on a prescription form or in a letter to McDaniel College.

I hereby authorize the use or disclosure of my protected health information for the purpose of follow-up in Student Health Services, Counseling Services, and/or Student Academic Support Services. I understand that the information I authorize a person or entity to receive may be re-disclosed and no longer protected by federal privacy regulations.

Signature: _____ Date: _____

To be completed by the College Staff:

Date request received: _____

Consulted/verified with: _____

Date of consultation/verification: _____

Student to be re-evaluated: Each Semester Annually Not Necessary

Determination: Approve request (urgent - medically required)
 Approve request within the availability of request limitations (medically desirable but not required)
 Denied request (not necessary)

Comments: _____

To be completed by Department of Residence Life:

Date Received: _____ Housing assignment: _____

Comments: _____