REQUEST FOR RELEASE DUE TO MEDICAL, PSYCHOLOGICAL, OR DISABILITY NEEDS

The learning environment and residential living are central to the University of Delaware student experience. Residence Life & Housing refers or forwards all medical, psychological or disability related requests for release to live off campus or at home to the Disability Support Services (DSS) Office. This information is kept confidential and is used to evaluate requests while evaluating each individual situation. To aid this process, complete requests should include:

- This completed documentation form, submitted to DSS
- Any other relevant information you feel is necessary
- Residence Life and Housing (RL&H) Request for Release Form (which can be found on the RL&H website) submitted to that office

Students who request release from the Academic Year Undergraduate Housing Contract will be considered for release if the medical need cannot be accommodated by available on-campus housing. Requests must be accompanied by relevant and substantial supporting documentation provided by a certified medical professional. This documentation consists of an evaluation by an appropriate professional that relates the current impact of the condition to the request for release and should describe what the off-campus facilities can provide that cannot be accommodated on campus. All documentation submitted will be reviewed by DSS and a recommendation forwarded to the Office of Residence Life & Housing who will make a decision about the requested release.

In order to evaluate your request for release, you must complete this form and sign the Authorization to Receive Health Care information below. This gives DSS permission to speak with your examiner if we have questions relating to their recommendation for accommodation(s) or release. Your health care provider must complete the rest of this form, sign it, and return the completed packet to the above address.

In addition to the basic documentation about a medical condition, further recommendations from the Professional are welcome and will be given consideration in evaluating a request.

Factors we consider when evaluating requests for release from on-campus housing:

- Is the impact of the condition life threatening if the request is not met?
- Is there an available on-campus space that meets the needs of the medical condition of the student?
- Can an on-campus space be adapted without creating a safety hazard if a student remains on campus?
STUDENT SECTION (Please print or type)

Housing Application Academic Year: ______________ Date:_____________________________
Student ID:________________
Student Name (last, first, middle): __________________________________________________
Date of Birth: __________ Male Female
New Freshman Returning Student Transfer Student
Current Campus Address (if applicable): ______________________________________________
Home Address: _________________________________________________________________
Phone Number: _________________________________________________________________
Email Address: _________________________________________________________________

AUTHORIZATION TO RECEIVE INFORMATION

I authorize the University of Delaware, DSS Office, to receive information from the professional who fills out the DSS Request for Release Form, and for him/her to discuss my condition(s) with the DSS Office if necessary.

Student Signature: ___________________________ Date: ____________________

MEDICAL PROFESSIONAL SECTION

This section is to be completed by the student’s healthcare provider.
Student’s Name: ______________________________________________________________
Current medical condition/diagnosis:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Date of diagnosis: __________________
Please select one: Mild Moderate Severe
Expected duration of the condition: Temporary Permanent Stable Progressive
Describe the symptoms related to the medical condition that cause significant impairment to a major life activity (i.e. walking, breathing, sleeping, seeing, hearing, learning, socializing). Please relate it to student housing release request.

______________________________________________________________________________
______________________________________________________________________________

List the current medication(s) the student has been prescribed and any adverse side effects.

______________________________________________________________________________
______________________________________________________________________________

Are there significant limitations to the student’s functioning directly related to the prescribed medications? Yes No
If yes, please describe.

______________________________________________________________________________
______________________________________________________________________________

If medication treatments are successful, why is the request for release necessary?

______________________________________________________________________________
______________________________________________________________________________

Why is this student unable to live in campus housing? Please describe reasons and provide medical foundation for the reasons.

______________________________________________________________________________
______________________________________________________________________________

Will this student be living at home or in an off-campus housing facility?

______________________________________________________________________________

How will this living situation better accommodate the student’s medical needs?

______________________________________________________________________________
______________________________________________________________________________
Would any of the following accommodations allow this student to continue to live in on-campus housing?

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air conditioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Centrally Located</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Close to Dining Facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kitchen Available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheelchair Accessible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Room Private Bath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited Stair Climbing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Aid Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (Please List)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Professional (please print): ______________________________________________________

Signature of Professional: _____________________________________________________________ Date: ________________

License No. __________________________________________________________ State: ________________

Address: _____________________________________________________________________________

Phone: ________________________________ Fax: ____________________________________________