

Medical Request for Residence Hall Air Conditioning

(Submit by June 1 for Fall Term or January 1 for Spring Term)

Student Agreement:

I understand that a limited number of air-conditioned rooms and/or portable air conditioners are available on campus and that they are assigned on the basis of both documented health needs and seniority. I further understand that the medical conditions described by my physician take precedence over my residence hall and/or roommate request. Therefore, I agree to accept the room assignment that accommodates my health needs.

Student name (please print) _____

CU student ID Number _____

Home address _____

City _____ State _____ ZIP code _____

Home phone (_____) _____

Cell phone (_____) _____

E-mail _____

Student signature _____ Date _____

**A physician must fill out the reverse side
in order for this request to be valid.**

To be completed by a physician only:

I verify that the following patient has a legitimate, serious health condition that requires air conditioning to alleviate symptoms or prevent an exacerbation of the health condition.

Patient's Name _____

Date of Birth _____ / _____ / _____

- Health Condition:
- Asthma
 - Severe environmental allergies
 - Severe cardiac or respiratory condition
 - Other _____

Physician's Comments _____

Mailing Address _____

Office Phone (_____) _____
Fax (_____) _____

Physician's Signature _____ Date _____

Please detach and return this form to:
Office of Student Life
251 N. Main St.
Cedarville, OH 45314
937-766-7872, Fax 937-766-7595

