

Disability-Related Housing Contract Release Request - Medical Professional Form

In order to evaluate how we can best meet a student's needs, Disability Support Services (DSS) requires specific information from both the student and their healthcare professional. In order to be considered for a contract release, the student must complete and sign the online Housing Accommodation Student Form to request a release as an accommodation and to give DSS permission to speak to the student's healthcare professional. The healthcare professional must complete this form, sign it, and return the completed form via mail, fax, or email using the contact information listed above. In addition to the basic documentation about the condition, further recommendations from the healthcare professional are welcome and will be given consideration in evaluating the request for release.

Policies and Procedures

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 contract release to the DSS Office. The information is kept confidential and is only used to evaluate the request for contract release. Each student's situation is evaluated individually. To aid in this process, complete requests should include:

- This completed form and any additional medical information, submitted to DSS
- The completed Housing Accommodation Student Form, found on the [DSS website](#)
- The Request for Release Form found on the [Residence Life and Housing website](#), submitted to Residence Life and Housing

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 healthcare professional. **This documentation must consist 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 will be forwarded to the Office of Residence Life and Housing, who will make a decision about the requested release.

Factors we consider when evaluating requests for housing accommodations:

- Is the impact of the condition life-threatening if the request is not met?
- Is there an available on-campus space that can accommodate the student's needs?
- Can an on-campus space be adapted for the student without creating a safety hazard?
- Are there other effective means that would achieve similar benefits as the requested accommodation?



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This form is to be completed by the student's healthcare provider.

Student Name _____ **Date of Birth** _____

History of presenting problem and current medical condition/diagnosis

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 the request for contract release.

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

Are there any other factors that contribute to this student's need to be released from the housing contract?



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

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

Please note that the following accommodations are available for on-campus living: air conditioning, single room, central location, close to dining facilities, kitchen access, semi-private and in-room private bathrooms, elevator. If the student is not released from their contract, would he/she benefit from any of the aforementioned accommodations?

Please attach any additional documentation that might be helpful (e.g. medical file notes, test results, etc.)

Name of Professional (Please print or type) _____

Signature of Professional _____ Date _____

License No. _____ State _____ Phone _____

Address – Street _____

City _____ State _____ Zip _____

Email Address _____