

Medical, Psychological or Disability-Related Request to be Released From Housing Contract

In order to evaluate how we can best meet your needs, we require specific information from both you and your healthcare professional. In order to be considered for a contract release, you must complete and sign the first portion of this form, requesting this as an accommodation, and giving Disability Support Services (DSS) permission to speak to your healthcare professional. Your healthcare professional 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 the condition, further recommendations from the healthcare professional are welcome and will be given consideration in evaluating the request for release. Note: he/she may also fax the form and any additional information (see fax number above), or scan and email it to dssoffice@udel.edu.

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 in order to live at home or off campus 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 "Request for Release Form" found on the Residence Life and Housing website, submitted to Residence Life and Housing (www.udel.edu/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 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?

**Disability Support Services**

Alison Hall, Suite 130

240 Academy Street

Newark, DE 19716

Phone: 302-831-4643

Fax: 302-831-3261

Email: DSSOffice@udel.edu

Student Section (Please print or type)

Housing Application Academic Year

Date

Student ID

Date of Birth

Sex

Male

Female

Student Name

Last

First

Middle

Student Type

New Freshman

Returning

Transfer

Current Campus Address (if applicable)

Home Address – Street

City

State

Zip

Phone Number

Email Address

Explanation of why the release is being requested:

Authorization to Receive Information

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

Student Signature

Date



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Medical Professional Section

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

Student Name

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?



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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, centrally location, close to dining facilities, kitchen access, semi-private and in-room private bath, 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