



SUNYIT Health & Wellness Center
 P.O. Box 3050
 Utica, NY 13504
 Phone: 315.792.7172 Fax: 315.792.7371

SPECIAL HOUSING REQUEST FORM REGARDING A MEDICAL ISSUE/CONCERN

Medical issues/concerns prompt a need at times for a special housing request. To make an appropriate determination of your special housing request, medical documentation from your healthcare provider is required. SUNYIT makes every effort to accommodate your special housing request, however completion of this form initiates consideration but does not guarantee approval.

Dependant on the special housing request and approval, the student is responsible for purchase and maintenance of appliance/equipment as well as possible additional fees as identified by Residential Life and Housing.

STUDENT: This form MUST be completed and signed by your healthcare provider (physician, nurse practitioner or physician assistant) and returned to the SUNYIT Health and Wellness Center (address above) for consideration regarding your special housing request.

Date: _____

Student Name: _____ Student ID # (if known) _____

Home Address: _____

Phone (home): ____ (____) _____ Cell: ____ (____) _____

Special Housing Request for Consideration _____

Reason for this request _____

HEALTHCARE PROVIDER: Please complete and sign this form documenting the need for a special housing request. Determination of approval for this special request relies heavily on medical documentation.

Please complete the questions below AND attach any supporting medical documentation.

1. Identify the medical diagnosis that requires the above mentioned student and his/her special housing request.

2. Describe all the treatment modalities including (medications: dosage and frequency, lab reports, x-rays, etc.) currently utilized for this medical issue/concern.

3. Describe how this medical issue/concern specifically relates to the request for special housing accommodations.

Healthcare Provider:
 Name and address (please print): _____

Signature: _____ Date: _____