



LICENSE AGREEMENT RELEASE REQUEST
2021-2022 Medical Petition for Release form

ASU University Housing
P.O. Box 870212
Tempe, AZ 85287-0212

Requests to terminate Housing License Agreements based on medical reasons are generally not approved unless the resident is in a state of compelling need. This is a situation where all possible resources (e.g. Disability Resource Center, Sun Devil Dining Nutritionist, professional hall staff, etc.) have been utilized and the specific medical condition still prohibits adequate functioning in a group living environment at Arizona State University Housing.

It is the responsibility of the student to obtain any and all required approvals or necessary documentation. Arizona State University requires current documentation of the student's medical condition(s) from a licensed clinical professional or health care provider in the United States thoroughly familiar with the student's condition(s). To verify this reason for release, please complete and submit this form to your medical/health care provider to be submitted with your License Agreement Release request.

A meeting with hall staff will be required before full consideration of your request. All required and necessary documentation must be received before an LAR will be reviewed. Completed LARs will be reviewed within 15 business days of submission. If your request is approved, your room will be prorated for the number of days you have stayed and you will be charged the \$500 LAR/cancellation fee. Approved requests will accrue a proration of room and board, and \$500 cancellation fee if officially checked out by August 31st, 2021; if approved, student will not incur housing and dining charges for the Spring 2022 semester.

Approved requests that are submitted or check-outs completed after 11:59pm on August 31st, 2021 will not be prorated for the Fall 2021 semester.

TO BE COMPLETED BY RESIDENT APPLYING FOR RELEASE

Name (Last, First, Middle)	ASU Affiliate ID #

Phone Number	ASU Email Address
()	@asu.edu

Student Mailing Address

Address	Apt #	
City	State	Zip Code

Check here if parent's/legal guardian's home

Check here if other off-campus housing

My Medical Provider Is

Name of Provider			
Address			
City	State	Zip Code	Country

Authorization to Release Information

I authorize the above shown provider to release information related to my request to University Housing for the purpose of obtaining release from my University Housing License Agreement.

Signature	Date

Confidentiality

University Housing will maintain the confidentiality of the provided medical information to the extent permitted by law and will not release any documentation without a student's informed written consent, except as required by law or as deemed necessary to prevent harm to the student or others.



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TO BE COMPLETED BY MEDICAL/HEALTH CARE PROVIDER (Please print or type)

Student Name:

To consider this student's request for a University Housing License Agreement Release for medical reasons, Arizona State University requires current documentation of the student's medical condition(s) from a licensed clinical professional or health care provider in the United States thoroughly familiar with the student's condition(s). All items must be completed in full. Please be as specific as you can. If space is not adequate, please attach a separate sheet of paper.

Please Respond to the Following Items Regarding the Student Named Above

1. Student's medical condition/diagnosis:

a. How long has the student had this condition?

b. What is the severity of this condition?

c. How long is this condition likely to persist?

d. When was the student/patient last seen by you?

2. Can this student's condition be accommodated by a room change? If so, what would the accommodation need to include (e.g. private bathroom, no carpet, etc.)?

3. Please provide a detailed explanation of why the student above cannot live on campus in a residence hall. Lack of details may result in a denial of the medical release request. University Housing reserves the right to provide alternative accommodations on campus if needs can be met.

Signature of Provider

Date

License #

Issuing Authority

Name and Title

Type of Practice/Medical Specialty

Business Address

Business Phone

Email