Housing & Dining Special Request
For Medical Reasons

Student Information – Please Read Carefully

If you are a student assigned to an NIU residence hall, special arrangements for Housing and/or Dining may be requested. Medical information must be submitted by a licensed healthcare provider confirming the presence of a medical condition that requires a special housing and/or dining arrangement.

1. Contact 815-753-1525 NIU Housing & Dining, Neptune Hall East to request change/s in your housing arrangement or to be released from all or part of your Housing & Dining contract.

2. For a medical condition which requires a special diet, you must first consult Residential Dining Services (815-753-0561). If they are able to accommodate your dietary needs, it is not necessary to complete a medical request from Health Services.

3. If review of your health information is indicated, complete the Student Application and Authorization – Special Housing & Dining Special Request (page 2). Please have a witness (over 18 years old) sign this form as well. Submit the completed form to NIU Health Services Administration Office, Room 422. This will permit NIU Health Services to communicate with Housing and Dining regarding the status of the medical request and recommendations. If your request is supported, you will need to meet with the Coordinator of Residential Facilities to provide him with necessary information needed to care for you in case of an emergency.

4. A licensed healthcare physician / provider must complete the Licensed Provider Medical Documentation Form (page 3) to NIU Health Services. This form states the medical condition and requirements for the need of special housing and/or dining accommodations. The original, signed documents must be received by NIU Health Services before a medical review begins. Please DO NOT fax information to Health Services. This document or information from it will not be disclosed to anyone outside of Health Services without authorization for Release of Information signed by you.

5. The Health Services administrative physician will review the medical information submitted by a medical provider/s. Medical review will be completed in approximately 5 to 7 working days after medical information is received by Health Services.

6. Housing & Dining Services will be notified as to whether your documentation Supports or Does Not Support your request. A copy of the memo will be mailed to you (the student) as well. THE HOUSING & DINING OFFICE WILL MAKE THE FINAL DECISION CONCERNING CONTRACT CHANGES.

7. If the medical information provided from your physician / provider is not sufficient, Health Services will notify you of this determination. You may submit additional, new medical information for the administrative physician to review.

If you have questions, please contact NIU Health Services Administration Office: 815-753-1316 or 815-753-0859, Monday – Friday, 8 AM – 4:30 PM.

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HOUSING AND/OR DINING SPECIAL REQUEST FOR MEDICAL REASONS

STUDENT APPLICATION & AUTHORIZATION MEDICAL DOCUMENTATION

I am seeking a special housing and/or dining arrangement due to medical reasons during the semester indicated below.

Name __________________________________ Z-ID #____________________

Address ___________________________________________________________

City ___________________ State ___________ Zip Code ___________

Current daytime telephone number __________________________ Date of birth ___________

Beginning (circle one): Fall/Spring Summer Interim Year ______________

Specific request:
___ Single room
___ Release from residence hall contract (room and board)
___ Release from board contract (meal plan only)
___ Other _______________________________________________________ 

I HEREBY REQUEST AND AUTHORIZE the administrative physician or physician designee of Health Services, Northern Illinois University, DeKalb, IL 60115, to verify the presence of a medical condition that warrants a special housing and/or dining arrangement to the Director for Housing and Dining, Neptune East, Northern Illinois University.

I understand that I have the right to inspect and/or obtain a copy of the information prior to disclosure and that my refusal to authorize disclosure of this information will result in the following consequences: Denial of my request for a special housing and/or dining arrangement.

I may revoke this authorization at any time by written notification to Health Services. However, I understand revocation cannot be retroactive. I absolve and agree to hold harmless the individual or agency identified above, and the NIU Board of Trustees, together with its officers and employees, from any legal liability, claims or damages which may arise from the disclosure of this information. Unless revoked, this consent is valid until the request is completely processed.

_______________________________________    ___________________________________
Signature of applicant                                   Date

Witness                                                 Date

_________________� ___________________
Print Name

Please return the completed form to the address above

H&D Req 6/2014
LICENCED PHYSICIAN / PROVIDER
DOCUMENTATION
HOUSING AND/OR DINING
SPECIAL REQUEST FOR MEDICAL REASONS

Student’s Full Name ____________________________________________ Z-ID# __________________________
Semester and Year of Request __________________________ DOB __________________

Please type or print the requested information in the space provided below and return this form with original
signature to the address above. DO NOT FAX.

Air-conditioning in residence halls is only available until mid-September on a limited basis.

1. DIAGNOSIS AND CODE of the severe medical condition that requires a special housing and/or
dining arrangement.

2. For the above condition, indicate the
   ▪ date(s) of evaluation and f/u treatment during the past 6 months,
   ▪ location of evaluation and f/u treatments (e.g., office, hospital OP, hospital IP, etc.); and
   ▪ nature/ purpose of each evaluation and/or treatment provided.

3. Provide the specific medical findings, restrictions and/or other objective data that requires special
   housing and/or dining arrangements for the above student.

______________________________________________________
Signature of Attending Licensed Healthcare Provider and Title Date

Printed Name, Business Address, Telephone Number

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