

Immunization Compliance and Records  
Health Services Building  
Second Floor  
DeKalb, Illinois 60115-2828  
Phone: 815-753-9578  
Fax: 815-753-9599

## **Residential Housing Special Request for Medical Reasons Student Application and Authorization**

If you are a student assigned to an NIU residence hall, special arrangements for Residential Housing may be requested.

### **If you need a special request for housing**

Contact NIU Housing and Residential Services (Neptune Hall East 101) at 815-753-1525, to request changes in your housing arrangement or to be released from all or part of your housing contract.

### **If you need a special request for dining which requires a special diet**

You must consult Campus Dining Services (815-753-9534 or [resnutrition@niu.edu](mailto:resnutrition@niu.edu)). If they are able to accommodate your dietary needs, it is not necessary to complete a medical request form.

### **If review of your health information is required**

You need to complete the Student Application and Authorization – Residential Housing (Page 2). As you complete this paperwork, please keep the following in mind:

- A licensed attending physician, Advanced Practice Provider (APP) or Certified Physician's Assistant (PA-C) must fully complete and sign the Licensed Provider Medical Documentation Form (Page 3).
- The documents (Page 2 and 3) must be fully completed and received in their entirety by the NIU Immunization and Compliance Records Office before a medical review begins. We will accept faxed documents. You may also submit all completed forms to:  
NIU Immunization Compliance and Records Office  
Health Services Building, Room 209  
DeKalb, IL 60115-2828
- This document or information form will not be disclosed to anyone outside of our department without authorization for Release of Information signed by you.
- We will review your submitted information. This review is typically completed in approximately three to five business days after the fully completed and appropriately signed information is received.
- Housing and Residential 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 and Residential Services office will make the final decision concerning contract changes.
- If the medical information provided from your physician/provider is not sufficient, our office will notify you of this determination. You may submit additional, new medical information for the administrative provider to review.
- Falsification of any of these documents will be reported to the Office of Student Conduct for further action.

If you have questions, please contact us at: 815-753-9585, Monday through Friday, 8 a.m. – 4:30 p.m.

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### Medical Documentation

This form is to be submitted if you are seeking a special housing accommodation due to medical reasons during the timeframe 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 in school \_\_\_\_\_

Specific request:

Single room

Release from residence hall contract (room and board)

Other:

**I HEREBY REQUEST AND AUTHORIZE** the appropriate designees of Northern Illinois University, DeKalb, IL 60115:

1. To verify the presence of a medical condition that warrants a special housing arrangement with Housing and Residential Services at NIU
2. (Optional) The person/s listed below has my permission to discuss the status of my appeal (e.g., parent, spouse):

\_\_\_\_\_ (Name of person and relationship to applicant)

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 Northern Illinois University, Immunization Compliance and Records Office. 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: \_\_\_\_\_

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### Medical Documentation

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.

<p>1. Diagnosis and ICD – 10 code of the severe medical condition that requires a special housing and/or dining arrangement.</p>	
<p>2. For the above condition, indicate the:          Date(s) of evaluation and f/u treatment during the past six months;           Location of evaluation and f/u treatments (e.g., office, hospital OP, hospital IP);           Nature/purpose of each evaluation and/or treatment provided;           Date of initial onset.</p>	
<p>3. Provide the specific medical findings, restrictions and/or other objective data that requires special housing arrangements for the above student.</p>	

\_\_\_\_\_  
 Signature of Attending Physician, Advanced Practice Provider or Physician Assistant-Certified

\_\_\_\_\_  
 Printed Name, Business Address, Telephone Number

\_\_\_\_\_  
 Date