



Medical/Psychological Petition to Terminate University Housing Contract

Student Completes & Signs This Page

Name: _____ U-M ID: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

My Medical/Health Care Provider Is

Name of Provider: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Authorization to Release Information

I authorize the above shown provider to release information related to my petition to the University of Michigan Housing Review Board for the purpose of terminating my housing contract and to discuss this petition with a representative of the Housing Review Board if necessary.

Student's Signature: _____ Date Signed: _____



Medical/Health Care Provider Completes and Signs This Page

Please Print or Type

Student's Name: _____

To consider this student's petition for a termination of his/her housing contract for medical and/or psychological reasons, the University of Michigan requires current documentation of the student's medical and/or psychological condition(s) from a licensed clinical professional or health care provider thoroughly familiar with the student's condition(s). All items must be completed in full. 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/psychological 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. Please explain why the student named above cannot live in an on-campus residence hall and specify why living off-campus is medically or psychologically necessary.

Signature of Provider: _____ Date: _____

License #: _____ Issuing Authority: _____

Name & Title: _____

Address: _____

Phone: _____ Email: _____