



MEDICAL HARDSHIP ADDENDUM

In the event that a student presents sufficient evidence of an extreme medical hardship for which on campus accommodations cannot reasonably be made, the student may be eligible to live off campus. In most cases, students with special medical needs can be accommodated on campus, by changing rooms or halls or by providing dietary consultation. **Students requesting exemption from the Housing Requirement based on a medical hardship, must provide the following documents:**

- This form, with all sections completed.**
- The Application for Exemption from On-Campus Housing Requirement.**
- A personal statement explaining the student’s reasoning for the request.**
- An official letter signed by an appropriate physician who has been treating the student for the condition specified.** The accompanying letter must be on the physician’s letterhead and should explain the physician’s views of the student’s health condition, and their recommendations for appropriate accommodations for the student.

RELEASE OF INFORMATION REQUEST TO BE COMPLETED BY STUDENT

I, _____, Student Name (Printed)

authorize my treating physician to release information to University Student Housing, or their designated review physician, concerning advice, care or treatment provided to me (including information related to mental health) and which relates to the accommodations that I have requested and to establish the validity of my request. This information will be used for the express purpose of determining accommodations for on or off campus living arrangements during my time of enrollment and will not be released to anyone else, other than the aforementioned personnel.

By signing below, I am authorizing that I have read and consent to this release of information. In addition, I hereby grant permission for University Student Housing to discuss all matters associated with this request with either myself or, should it be needed, my parents and/or legal guardians. I understand that this information will not be distributed to anyone else in the Texas Tech community, other than necessary employees of University Student Housing and a medical professional or the parents and/or legal guardians, if necessary. I understand that I have the right to revoke this authorization, in writing. However, if the information regarding my claim has not been released to University Student Housing, I do understand that such revocation may suspend review of my request for accommodations and/or exemption.

Student Name (Printed)

Student ID Number (R#)

Student Signature

Date

TREATMENT INFORMATION TO BE COMPLETED BY TREATING PHYSICIAN

Your patient, _____, Student Name (Printed)

is requesting an exemption from the residency requirement of Texas Tech based on a medical hardship. For the application to be complete and considered for an exemption, please provide a letter on your letterhead explaining your views of the student’s health condition, and your recommendations for appropriate accommodations. It is important that each of the following questions be answered. We reserve the right to have our medical professionals review this request.

- **How long have you treated this student?**
- **Describe the specific nature of condition or illness.**
- **How long has this condition existed?**
- **Date student was last treated for this condition (The student must have seen you within the past year for consideration for special accommodations)?**
- **How many times have you treated this student over the course of the past year?**
- **What is your treatment plan?**
- **What accommodations are required to maintain the student’s current level of treatment?**
- **When is the most convenient time and day for our office to contact you, if necessary?**