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**Request for Medical information**

**Housing and Residence Life Office**

Name (*please print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NMU IN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorized Dr. (*please print*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to provide medical information related to my application for an exemption from the Northern Michigan University housing requirement to the Housing and Residence Life Office for consideration by those individuals who review such applications.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Physician,

Northern Michigan University’s requirement for on campus residence is intended to provide students with a living environment rich with opportunities for personal growth and social development, especially those which result from interaction with others, participation in community development activities and involvement in other aspects of campus life.

Any student may apply for an exception to the Housing Requirement due to serious medical reasons, one or more disabilities, critical financial circumstances, or other extenuation circumstances which may prevent him or her from living in a university residence hall.

The student whose name and signature appears above has applied for an exception to the university’s housing requirement for one or more medical reasons. When considering their application, it is often very helpful for the university staff involved to have explanatory and/or clarifying comments from a physician familiar with the student’s medical circumstance(s), such as:

1. Student’s diagnosis
2. The nature and effectiveness of a treatment plan if one has been prescribed and is being followed.
3. Related environmental considerations and recommended changes in the environment due to the student’s medical condition(s).

Prior to being considered, the information that is provided by physicians is reviewed and commented upon by the chief of staff at the university health center.

Use the back side of this form or attach a letter to provide the information requested and return this completed form with any attachments to:

Northern Michigan University

Housing and Residence Life Office

124 Quad 1 Building

Marquette, MI 49855

Fax 906-227-1423

**Physicians Report**

1. Student’s diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. The nature and effectiveness of a treatment plan if one has been prescribed and is being followed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Related environmental considerations and recommended changes in the environment due to the student’s medical condition(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you related to this student \_\_\_\_ Yes \_\_\_\_ No If so, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name (*please print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Health Center Chief of Staff Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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