**Housing Contract Release Due to Disability**

This process is reserved for those who have a significant and unforeseen change that occurred after the contract period began that prevents the student from upholding their contractual obligation. To consider an appeal for release from the housing contract for medical and/or psychological reasons, students must have documentation of a diagnosed disability that substantially impacts one or more major life activities related to participation in the University’s residential program. Documentation should contain specific information about what has changed for the student since the contract period began. The contract cannot be terminated solely for the purpose of living off-campus or in order to commute from home. This form provides one option for students to provide documentation. Students may also submit a detailed letter from their provider. Students or providers can contact SAS directly with questions about documentation.

Please note the following:

* The person completing this form should be a healthcare professional who is qualified to assess and diagnose the student’s condition and is currently involved in treating the student. These professionals are generally trained, certified, or licensed to diagnose and/or treat medical or psychological conditions and should not be related to the student.
* Please complete all parts of this form as thoroughly as possible. Incomplete or illegible forms may require follow-up and could delay the student’s eligibility process.
* Providers may attach additional documents to provide other information that could be relevant to the decision-making process.
* The information you provide will be kept securely in the student’s confidential file at Student Accessibility Services. This form may be released to the student upon request under FERPA guidelines.

When complete, return this form to the student to be submitted with their Access KSU application. You may also submit this form to Kent State University Student Accessibility Services directly by email at sas@kent.edu or by fax at 330-672-3763.



**Disability Information for Housing Contract Release**

***Please read the following prior to completing this form:***

To consider an appeal for release from the housing contract for medical and/or psychological reasons, students must have documentation of a diagnosed disability that substantially impacts one or more major life activities related to participation in the University’s residential program. This process is reserved for those who have a significant and unforeseen change that occurred after the contract period began that prevents the student from upholding their contractual obligation. The contract cannot be terminated solely for the purpose of living off-campus or in order to commute from home.

For additional information about SAS please visit: www.kent.edu/sas

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider’s last contact with student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the **major** **symptoms** associated with this medical condition and their severity.

Describe the **student’s prognosis and treatment** for this condition.

Describe the significant change, exacerbation, or unforeseen circumstances that prompted this request including the specific reasons preventing the student from living on campus.

In your opinion, could the student continue living on campus with reasonable accommodations (such as a single room)? If so, what accommodations would you recommend? If not, provide a rationale of why it is necessary for the student to move out of the residence halls during the contract period.

**Healthcare Provider Information**

Provider Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail or fax this completed form to:

Address: Kent State University Student Accessibility Services

PO Box 5190

Kent, OH 44242

Phone: (330) 672-3391

Fax: (330) 672-3763

Email: sas@kent.edu