



## Supplemental Documentation for Housing Contract Cancellation Request

**Student Name:** \_\_\_\_\_ **Banner ID Number:** \_\_\_\_\_

**Cell Phone Number:** \_\_\_\_\_ **Rowan E-Mail:** \_\_\_\_\_

**Student Consent:** *I am requesting that my health care provider complete this form. I consent to the release of information necessary to complete this form by my health care provider. I also understand that the Office of Residential Learning & University Housing is not subject to health information privacy laws, and may share the information with others as part of the normal review of my cancellation request.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above referenced individual is a student at Rowan University and is requesting cancellation of their current university housing contract on the basis of a medical or health condition. The term of the contract is for the entire academic year.

**Provider's Name:** \_\_\_\_\_ **Specialty:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_  
**Licensed Provider:**    ☐ Yes    ☐ No

**Medical/Health Condition:** \_\_\_\_\_ **Date First Diagnosed:** \_\_\_\_\_

**Please provide a statement describing the following** (Use the space provided, or attach a separate sheet):

- The expected duration of the condition.
- The functional limitations created by this condition, which impact the student's ability to live in university housing.
- How the condition has changed since the date the student entered into their current contract.
- Whether there are any accommodations, which, if provided, would permit them to remain in university housing.
- How the proposed cancellation of the student's housing contract might lead to an improvement in the described condition or the management and/or treatment of the condition.

[illegible]

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Health Care Provider Signature

***Documentation will be reviewed by clinicians in the Student Health Center or Counseling and Psychological Services Center as appropriate.***