



PETITION FOR RELEASE FROM UNIVERSITY HOUSING ROOM AND BOARD CONTRACT **Medical Hardship**

The Contract for Room and Board Accommodations you signed with the University of Arkansas is a legal contract for an academic year beginning four days prior to the first day of classes in the fall semester and ending at 2:00 p.m. on the day of commencement at the end of the spring semester.

Petitioning for a release from your University Housing contract is a **LENGTHY PROCESS AND REQUIRES VERY SPECIFIC INFORMATION AND DOCUMENTATION.** **Carefully read all instructions and information contained in this packet before completing the appropriate forms.** **Failure to attach required documentation will delay consideration of your request.**

GENERAL INSTRUCTIONS:

- ❖ **Petitions must be initiated by the resident.** Parents or other involved persons may provide letters of support and written documentation, but these items will not initiate the petition process.
- ❖ Print/type the information requested in the attached form.
- ❖ Petition Narrative- Provide sufficient details. Attach additional paper if necessary. Furnishing false information to the University with the intent to deceive is a violation of the Student Code of Conduct and will result in disciplinary action and rejection of the petition.
- ❖ Housing and Dining Charges- **Petitioning does not defer your Housing and Dining charges.** Payment should be made to your student account to prevent late charges. If your petition is approved, adjustments – not including late charges – will be made to your student account. For questions concerning refund amounts, please refer to your University Housing Room and Board Contract, Section V, paragraph D and E.
- ❖ Appeal- Appeals must be initiated by the resident. Parents and other involved persons may provide letters of support and written documentation, but these items alone will not initiate an appeal. **You may appeal the decision of your petition to the Director for Administrative Services ONLY if you have additional documentation or information that has not previously been reviewed. Additional written documentation must be received**

before an appeal appointment will be scheduled. The resident must be in attendance at the appeal appointment.

IMPORTANT!

1. Please take note that no staff person in your residence hall or apartment complex has the authority to release you from your contract.
2. Do not sign a contract for alternate housing until you receive approval for release from your University Housing contract. Completing the Petition process does not automatically release you from your University Housing contract.

Medical Hardship-Steps for filing a petition:

- ❖ Turn in your completed Petition for Release to University Housing, HOUS 960 W. Douglas Street, (office hours 8:00 A.M. to 5:00 P.M.) **You must also provide written documentation with your petition, from your physician or licensed mental health counselor, confirming the medical hardship condition and the prescribed physical environment to best address the condition** (page 4 of the petition lists questions that must be addressed by your physicians letter) The medical practitioner submitting information cannot be an immediate family member. Students are required to fill out and sign the Documented Medical or Psychiatric Condition form.
- ❖ Your Petition for release will be reviewed, and if additional paperwork is needed, you will be contacted by email sent to your UARK email account. If the additional documentation is not received within two weeks of the email being sent, your petition will be declared inactive*. If your petition contains all needed paperwork, a staff member will review your information and make a decision.
- ❖ Once you meet with a staff member and a decision has been made the **official written notice approving or denying your request will be sent to your uark email account.**
- ❖ Based upon your physicians' letter, a determination will be made as to what accommodations are needed for your medical condition. If a vacancy exists on campus that would adequately address the physical environment requested a medical priority transfer will be arranged based on availability. **Only if the medical condition cannot be accommodated with on-campus housing will a release be approved.**

*Once your petition is declared inactive, no further action will be taken on your request by University Housing.

PETITION FORM FOR MEDICAL RELEASE

PLEASE PRINT OR TYPE AFTER READING ALL INSTRUCTIONS

UA ID#: _____ Name: _____
(Last) (First) (MI)

Campus Address: _____ Contact Phone: _____

Permanent Address: _____
Street City State Zip

UARK email: _____ Classification: _____ Age: _____

Petition Narrative: (attach additional paper if necessary)

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND ALL THE TERMS AND CONDITIONS OF THIS PETITION FOR MEDICAL RELEASE.

I verify that the information in this petition is accurate:

Student Signature

Date

DOCUMENTED MEDICAL OR PSYCHIATRIC CONDITION

Medical Hardships cover medical or psychiatric conditions for which a resident is receiving ongoing treatment from a physician and which has worsened since moving into University Housing to the extent that normal daily life functions cannot be maintained even with ongoing treatment.

Conditions that may not typically meet the requirements for medical release are seasonal allergies, allergic rhinitis (hay fever), and/or perennial allergic rhinitis, asthma, and AD/HD. Preexisting conditions must submit documentation showing significant increase in treatment or alternative lifestyle change (i.e., injury from accident, treatment for cancer) to be considered for release from their University Housing contract. Students must complete the Medical Information Release Form and submit a typed letter from the appropriate medical practitioner on his/her office stationery which clearly outlines the following:

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1. Student's medical/psychological condition/diagnosis
 - a. How long has the student had this condition?
 - b. What is the severity of the 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 cannot live in an on-campus residence hall and why living off-campus is medically or psychologically necessary. NOTE: Some residence halls do not have carpet and students may control their own heating/cooling settings. University Housing offers suites, single rooms and apartments. University Housing has built five new facilities since 2007, providing similar indoor conditions to apartments and houses off-campus.
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The letter from your medical practitioner is *required*; it must address all the items listed above as they pertain to your condition; and it must clearly indicate the type of living arrangement that would accommodate your medical or psychiatric condition that cannot be provided on campus. **Please, black out Social Security Numbers on all documentation prior to mailing or faxing.**

MEDICAL INFORMATION RELEASE FORM

If requesting a release based on a medical or psychiatric condition, complete this form and return it with the letter from your medical practitioner.

I, _____, give University Housing, at the University of Arkansas, permission to contact my medical practitioner, whose name, address and phone number are attached, regarding the medical or psychiatric condition for which I am being treated and for which I am seeking a release from my contract with University Housing.

Signature of Witness

Student's Signature (Parent/Guardian if student is under 18)

Date

Date

University ID Number

MEDICAL/HEALTH CARE PROVIDER CONTACT INFORMATION:

Name & Title of Provider: _____

Address: _____

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

License #: _____ Issuing Authority: _____

E-mail: _____ Phone: _____

Fax: _____

THIS PETITION WILL NOT BE REVIEWED IF THE DOCUMENTATION PROVIDED IS INCOMPLETE OR OTHERWISE DEEMED BY UNIVERSITY HOUSING AS INADEQUATE TO PERMIT A FINAL DECISION.