

Medical Documentation Form

The Contract Review Committee will **not** accept or consider copies of insurance forms, bills, explanation of benefits (EOB) forms, hospital records, or your physician's medical records unless specific information is requested. If the Committee approves the waiver of fees and/or an exception to the refund procedures based on your medical circumstances, it will be allowed one time only. Should the same condition reoccur in future semesters, no further appeal will be allowed as you are aware of the condition and should manage your housing needs accordingly.

SECTION 1: Student Identification*****COMPLETED BY STUDENT*****

Name: _____ Student ID Number: _____

Student Signature: _____ Date: _____

*Signature of student authorizing release of medical information to the Housing Contract Review Committee.***Instruction for student: Please complete section 1 and submit to physician for completion.****SECTION 2: PHYSICIAN'S CERTIFICATION*******COMPLETED BY PHYSICIAN ONLY*****

1. Diagnosis/ explanation of the student's medical condition and how it specifically prevents student from living in University Housing. Is there a recommendation for on-campus living accommodations – subject to approval from NKU Disability Services: _____

2. Actual date(s) of medical treatment or service(s) for this illness: _____

3. Date when the student became unable to live in University Housing: _____

Physician/Medical Professional Signature: _____ Date: _____

I certify that, in my best professional judgment, the student identified above is unable to live in University Housing due to unforeseen medical condition(s) during the above stated time. As a public institution, housing adjustments are subject to audit by the state of KY.

Printed Name of Physician: _____

Address: _____

Business Phone: _____ Fax: _____

Instruction for Physicians: Please attach letterhead with printed and hand-written physician/medical professional signature to verify the validity of this form. This form must be mailed directly from the physician's office to:**Northern Kentucky University****Attn: University Housing Contract Review Committee****10 Campbell Drive, Norse Commons 101****Highland Heights, KY 41099**

If the signed letterhead or any of the above information is excluded, the student's housing request will be rendered incomplete and a decision of denial will be made. All decisions are final.