

THIEL COLLEGE
MEDICAL REQUEST FOR AIR CONDITIONING

This form must be completed by a treating physician or appropriate medical professional. Thiel College reserves the right to contact the physician for verification.

Student Name: _____ Date: _____

Physician's Name: _____

Physician's Address:

Physician's Telephone Number: _____

Physician's Signature:

The information requested is necessary to document a medical need to help determine reasonable accommodation for living on campus. All requests require appropriate and complete documentation. This form must be completed by appropriate medical professional. The information provided will become part of the student's confidential file held in the Student Life Office and the Student Health Office. The form must be completed on a yearly basis. Accommodations will be by availability of current equipment.

1. Diagnosis:

2. Condition(s) that require(s) housing accommodations:

I give permission to Student Life staff to contact the above listed person to obtain any additional information that may be needed. I understand there is an additional charge of \$275.00 for an air conditioner in my room per year (fall and spring semester).

Student's/Guardian's Signature: _____ Date: _____

Return form to: Rhonda Laird, Student Life Office, Thiel College, 75 College Avenue,
Greenville, PA 16125 – Phone: 724.589.2198