



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:

First Last Date

PHYSICIAN'S INFORMATION:

Physician's Name

Address

City, State & Zip Code

TELEPHONE NUMBER:
() _____

Physician's Signature

The requested documentation is necessary to help determine reasonable accommodation. Appropriate and complete documentation by a medical professional is required. The information provided will be part of the student's confidential file in the Accessibility Resource Center and the Health Services Office. This form must be completed on a yearly basis. Accommodations are by availability of current equipment.

1. Diagnosis:

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

*I give permission to Accessibility Resource Center staff to contact the above listed person to obtain any additional information if needed. I understand there is an additional charge of **\$300.00** for an air conditioner in my room per year (fall and spring semester) if medical documentation is not received at the Accessibility Resource Center **by July 29, 2022, for returning students, and by August 29, 2022, for new students.***

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

Return form to: **Erin Bain - Coordinator of the Accessibility Resource Center – ebain@thiel.edu**
THIEL COLLEGE - 75 College Avenue - Greenville, PA 16125
Phone: 724-589-2371 Fax: 724-589-2249