MEDICAL/PSYCHOLOGICAL RELATED PETITION TO TERMINATE HOUSING CONTRACT
(Part A)

Housing and Residential Life
The University of Michigan-Flint
375 Harding Mott University Center
Flint, Michigan 48502-1950
Telephone: 810-237-6571
Website: http://www.umflint.edu/housing/

STUDENT COMPLETES AND SIGNS THIS PAGE
PLEASE PRINT OR TYPE

Name:_____
Last First M.I.

UM-Flint ID#:_____

Home Address:_____

City:_____ State:_____ Zip:_____

My medical/health care provider is:

Name of Provider:_____

Address:_____

City:_____State:_____ Zip:_____ Country:_____

AUTHORIZATION TO RELEASE INFORMATION: I authorize the above shown provider to release information related to my petition to the University of Michigan-Flint Housing and Residential Life Review Board, if necessary.

Student's Signature: _____ Date Signed:_____

MEDICAL/PSYCHOLOGICAL RELATED PETITION TO TERMINATE HOUSING CONTRACT
(Part B)

Housing and Residential Life
The University of Michigan-Flint
375 Harding Mott University Center
Flint, Michigan 48502-1950
Telephone: 810-237-6571
Website: www.http://www.umflint.edu/housing/

MEDICAL HEALTH CARE PROVIDER COMPLETES AND SIGNS THIS PAGE
PLEASE PRINT OR TYPE

Student's Name:_____

To consider this student's petition for a termination of his/her housing contract for medical and/or psychological reasons, the University of Michigan-Flint requires current documentation of the student's medical and/or psychological condition(s) from a licensed clinical professional or health care provider thoroughly familiar with the student's condition(s). **All items must be completed in full**. If the spaces provided are not adequate, please attach a separate piece of paper.

Please respond to the following items regarding the student named above:

1) Student's medical/psychological condition/diagnosis: _____

_____

a) How long has the student had this condition?:_____

b) What is the severity of this 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 named above cannot live in an on-campus residence hall and specify why living off-campus is medically or psychologically necessary.

_____

_____

_____

_____

Signature of Provider:_____ Date:_____

License #:_____ Issuing Authority:_____

(Please print or type) Name & Title: _____

Address:_____

Phone:_____ E-Mail:_____