

## HOUSING AGREEMENT MEDICAL CANCELLATION REQUEST

Name:		Panther ID #:		
FIU Email:	Cell #:	Date:	20	
Complex: DEVE DLVN Request for:	□LVS □PH □PVH □	TAM TOW UA Roo	m/Apt. #:	
(Check Only One): ☐Fall/Spring	Spring □ Sumr	mer A Summer B	Summer C	

I am requesting the cancellation of my Housing agreement based on a medical (i.e., a physical or psychological) condition. I state that I have an illness (whether physical or mental) or injuries which occurred **after** submitting my Housing Agreement where such illness or injury prevents me from living, on a full-time basis, in a communal setting but I have the ability to continue my course studies. I understand that, if my medical condition prevents me from attending the University on a full-time basis (in addition to living in Housing), I should use the medical withdrawal process found on the Registrar's website at <a href="http://registrar.fiu.edu/index.php?id=83">http://registrar.fiu.edu/index.php?id=83</a> and the standard Housing Cancellation Request form. I understand that, if I am seeking a reasonable accommodation from Housing, I should use the Reasonable Accommodation procedure found at the Housing website at <a href="http://www.housing.fiu.edu/Forms/index.html">http://www.housing.fiu.edu/Forms/index.html</a>.

In order to obtain the cancellation of the Housing agreement, I understand that I need to submit the documentation described below:

A letter from my licensed medical and/or mental health care provider written on the health care provider's letterhead. The documentation should not come from a family member. The letter should be typed and follow this format:

Dates that I have been under care for the illness or injury

Nature, duration, and diagnosis of the medical problem with a description of how it interferes with my ability to live in a communal setting but yet continue with classes. The more detailed the information is the easier it is to make the assessment. Hospital or physician bills will not be accepted as documentation.

I acknowledge that it is my sole responsibility to gather and submit documentation that supports this Housing Agreement cancellation request. I also acknowledge that my failure to submit complete documentation will result in the denial of my request.

Send the documentation along with a copy of this form to:

Request for Housing Cancellation Based on Medical Withdrawal Attention: Student Health Services Medical Records Department Student Health Services Complex- Room 150
11200 SW 8th Street
Miami, FL 33199
Phone: 305.348.0316

Fax: 305.348.0336 Email: Medrec@FIU.edu

I understand that my information will be reviewed by SHS in order to provide a recommendation to the Housing office as to whether the cancellation request should be considered. The SHS office will evaluate the information provided, will assess whether the condition prevents me from living on a full-time basis in a communal setting but allows me to continue my course studies, and will make a recommendation to Housing. Upon receipt of the medical evaluation Housing will make a decision as to whether the cancellation request should be granted, conditionally approved, or denied. I further understand that my medical information will be kept confidential and will not be shared with the Housing Office.

To make this evaluation, I authorize SHS to discuss my condition with the Disability Resource Center (DRC) and/or the Counseling & Psychological Services (CAPS) as appropriate. In making the evaluation, I understand that the SHS office may determine that a referral to DRC and/or CAPS is appropriate.

To appropriately assess my medical condition, I consent to having a Florida International University (FIU) health care professional at SHS discuss my condition with my health care provider and to answer questions raised by my records in order to make the evaluation as to whether I should live in a communal setting on a full-time basis while I continue to take classes. I further agree that, if the FIU health care professional at SHS determines that the cancellation request should be conditionally approved, I agree to abide by any conditions that SHS may place on my eligibility to live in Housing in the future.

I have received, read and understood the instructions and procedures associated with requesting a Housing cancellation based on a medical condition. I further hereby certify that the statements I make in the cancellation request are true and accurate to the best of my knowledge. I understand that any evidence of fraud or misrepresentation in this process will result in the automatic recommendation for a denial and that the Housing office will inform the Office of Student Conduct and Conflict Resolution for appropriate action.

Student's Signature	Date			
FOR OFFICE USE ONLY				
		20		
Printed Name & Title	Authorized Signature	Date		
া recommend the individual be	e considered for a medical cancellation bas	sed on the following information:		
	vidual be considered for a medical cancellat	tion based on the following		
information:				
Upon Completion please return to:				
	The Housing Office			
	University Towers Room #121			
	Housing Assignments & Cancellation Pro	ogram Assistant		
I				