



BELLARMINE UNIVERSITY
IN VERITATIS AMORE

DEPARTMENT OF HOUSING AND RESIDENCE LIFE

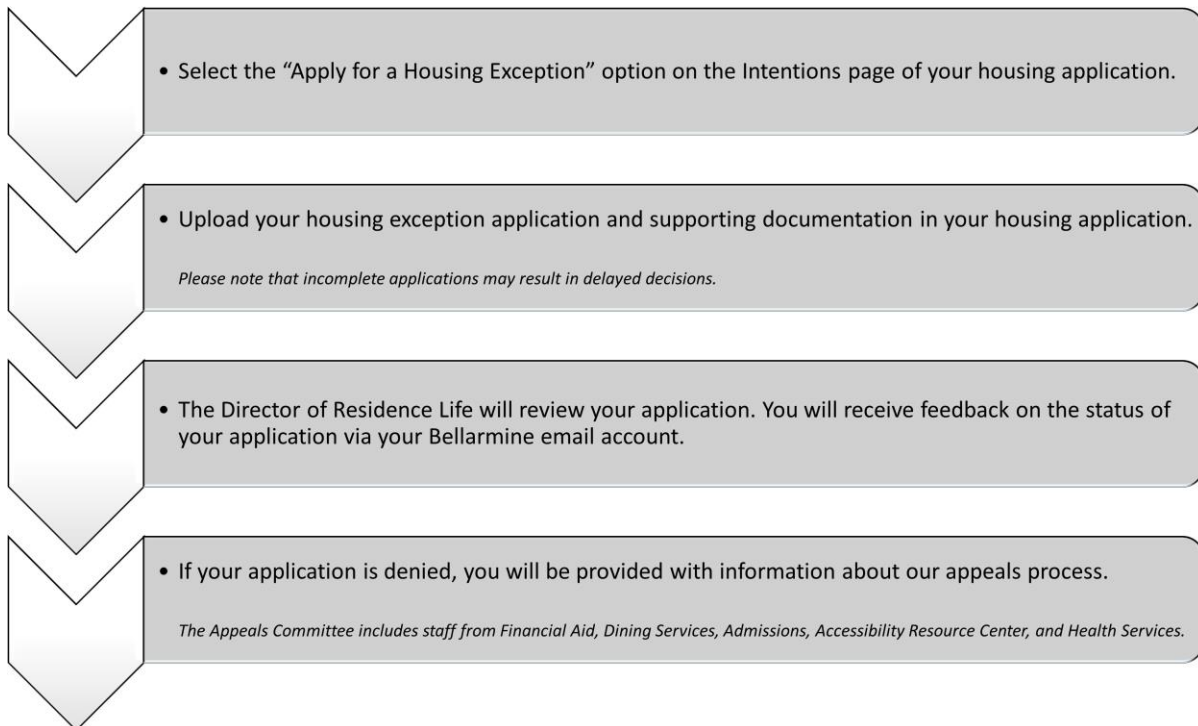
Housing Exception Information and Application

Bellarmine University Residential Living Policy:

All full-time students with 89 or less credit hours must live in the residence halls or with a local parent/legal guardian (within a 50 mile radius of the university). **Those students 22 years of age or older are exempted from the policy.** Exceptions may be made in special cases, but must have prior approval from the Director of Housing and Residence Life. If a student does not live either with a parent/legal guardian or in the halls and has not applied for an exception, the student may be subject to student conduct sanctions from the University and/or housing fines.

Housing Exception Application Process

Students who wish to request an exception from our Residential Living Policy should follow these steps:



Housing exception applications submitted during our annual room selection will be processed according to the schedule posted on the Residence Life website. Other applications will be processed as they are received.

Medical

Housing Exception Application

Name: _____ Student ID# _____

Permanent Address: _____
Street City, State Zip

Cell Phone Number: _____

Requesting exception beginning in: Fall semester Spring semester

Academic Information: Credit hours earned: _____ GPA: _____

Major: _____

Resident Status: New/Have NOT lived on campus before
 Applied/Assigned a housing space, but not moved in
 Currently living in _____
Hall/Room #

In addition to this application, please submit the following documentation:

<input type="checkbox"/> Medical	<p>Medical condition that requires special living accommodations that the residence halls cannot reasonably provide.</p> <p>Required Documentation:</p> <ul style="list-style-type: none">• Letter of explanation (to provide context for your medical circumstances and information that may not be obvious or fully evident in your supporting documentation)• Authorization for Release of Confidential Information• Provider Report Form• Written Medical Provider Assessment on Clinical Letterhead
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Medical

**Authorization for Release of Confidential Information
(to be completed by the student)**

Student Name: _____ Student ID# _____

Physician/Therapist Name: _____

Physician/Therapist Contact Phone# _____

In order for the Director of Housing and Residence Life and the Appeal Committee (if applicable) to objectively evaluate your exception request, additional details might be needed from your health care provider (the treating physician, therapist or other medical professional). We cannot accept documentation from parents. **By signing this form, you understand that your health care provider has the right to disclose any information that is necessary to assist with the exception review process directly to the Residence Life Office.**

This authorization shall remain in effect for:

_____ Thirty (30) days _____ Sixty (60) days _____ Ninety (90) days

- I understand that the information used or disclosed as a result of this authorization may be re-disclosed by the recipient and is no longer protected by HIPAA Privacy Rules.
- You have the right to revoke this authorization, in writing anytime by sending written notification to the Director of Housing and Residence Life.

Printed Name of Student

Witness Signature

Signature of Student

Date

Medical

**Medical Provider Report Form
(to be completed by the student's medical provider)***

** If a parent is the medical provider, we ask that another opinion about treatment is provided on this form and the other requested documentation.*

In order for our office to objectively evaluate the need for housing or dining exception requests, please provide detailed information related to the medical condition of the student.

Student Name: _____

Physician/Therapist Name: _____

Date of First Visit: _____ Date of most recent visit: _____

Please attach a written assessment, on clinical letterhead, that includes the initial on-set of the condition; the type, frequency and severity of symptoms; and the treatments or medications necessary to alleviate symptoms. In addition, please outline the type of living environment, dietary restrictions, special dietary needs, or any additional amenities that the student might need to enhance their quality of living and/or meet their needs.

In addition, please answer the following questions below:

_____ Yes _____ No Has there been a substantial decline of the student's original medical condition within the last three months?

If yes, please indicate which of the following were observed within the last three months:

- _____ Increase in the number of symptoms
- _____ Increase in the severity of symptoms
- _____ Persistence of symptoms
- _____ Decreased functional impairment
- _____ Increase in the subjective level of client distress

_____ Yes _____ No If applicable, has the student been tested for allergies as part of their evaluation of the above?

If yes, please provide date(s) of testing and attach results.

- For food allergies, please provide a detailed list of the food items that the student can/cannot tolerate.
- For allergies resulting in rhinitis or bronchial asthma, please recommend factors for an appropriate living environment (i.e. air-conditioning, controlled environment, air purifier, etc.).

NOTE: This form may be given to the student to submit directly; or may be submitted to the Residence Life Office by email (reslife@bellarmine.edu), fax (502-272-7019), or mail (Residence Life Office, Bellarmine University, 2001 Newburg Road, Louisville, KY 40205).