



University Housing & Dining Services | Medical Exemption Form

WESTERN
ILLINOIS
UNIVERSITY

STUDENT ID # (YYYYYYEYEEYYD)	PHONE (YYYEYEEYYD)
------------------------------	--------------------

LAST NAME	FIRST NAME	MI
-----------	------------	----

CURRENT RESIDENCE HALL ASSIGNMENT (INCLUDE HALL & ROOM #) OR LOCAL ADDRESS	CITY	ST	ZIP
--	------	----	-----

PERMANENT HOME ADDRESS	CITY	ST	ZIP
------------------------	------	----	-----

ATTENDING PHYSICIAN NAME	PHONE (XXX-XXX-XXX)
--------------------------	---------------------

ADDRESS	CITY	ST	ZIP
---------	------	----	-----

Western Illinois University offers a wide range of housing options for students. All residence halls are air-conditioned and all are smoke-free. Several of the residence halls are furnished with carpeting, linoleum, and wood paneling. All student rooms are cleaned/replaced. **Therefore, it has been determined that allergies generally are not a legitimate reason to be excused from the residence halls.**

I hereby authorize my attending physician to discuss all pertinent information; which may include conditions concerning my mental health, HIV/AIDS or drug and/or alcohol abuse status with the Director of the Beu Health Center and/or the Director of the University Counseling Center, and/or the Director of the Disability Resource Center at Western Illinois University. I also authorize the Director of the Beu Health Center and/or the Director of University Counseling Center and/or Director of the Disability Resource Center to discuss the above information with the Director of Residential Administration at Western Illinois University for the purpose of ascertaining appropriate housing. This authorization means that:

- I have the right to inspect and receive copies of written information to be disclosed.
- The information disclosed as a result of this consent cannot be re-disclosed by the receiving agency/facility/person to anyone not permitted by this release, unless I specifically authorize it.
- I understand that if I refuse to consent to this disclosure of information my appeal will be incomplete.
- This consent is valid until _____ (DATE) or while enrolled.
- I can revoke this consent at any time by submitting a written revocation to the appropriate person. Revoking this consent will not affect disclosures made before such revocation.
- My signature indicates the statements/documentation I have provided are true and accurate. I acknowledge that providing false information is a violation of the Student Conduct Code for which disciplinary action may result.

STUDENT SIGNATURE (DOCUMENTATION IF NO SIGNATURE)	POSITION/TITLE	DATE
---	----------------	------



WESTERN
STATE
UNIVERSITY

University Housing & Dining Services | *Medical Exemption Form* ⁽²⁾

I certify that the above information is correct and that my patient meets the criteria for special housing or release from the University Housing Policy as indicated above.