

Release of Records 2021-2022

Instructions:

You may request special housing if you have a qualified medical condition. Special housing requests are routed through the Student Mental and Behavioral Health Center and the Office of Campus Life. Only completed requests are reviewed. A completed request consists of this form, a release, and documentation from your health care provider. The medical provider (MD, DO, PA, or NP) cannot be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative). Also, recommendations and/or statements included in the medical documentation should not be interpreted as automatic approvals for special housing.

By signing this form, I authorize the following offices at Millikin University to communicate and share information with one another in regards to my request for special housing. Communication will be limited to information specifically related to my request for special housing.

- Millikin University Student Mental & Behavioral Health Center
- The Office of Campus Life and the Dean of Student Affairs' Office
- Center for Academic and Professional Performance (CAPP)
- University ADA Coordinator
- Counseling and Psychological Services

I further authorize the following to communicate and share information with Millikin University Student Mental & Behavioral Health Center in regards to my request for special housing. Communication will be limited to information specifically related to my request for special housing.

- My Parent or Guardian
- The medical provider completing my Special Housing Request - Medical Need Form

I also understand that I may revoke this request for Special Housing in writing to the Office of Campus Life.

This authorization and request is fully understood and is made voluntarily on my part.

Yes

Date of release:

I acknowledge that by typing my name in the boxes below, I am signing this form and waive a written signature:

Yes

Student name:

Student Date of Birth:

Student's Millikin Address:

Millikin ID:

Parent/Guardian Signature (if under 18):

Please turn page over for additional information.

SPECIAL NOTES FOR ADDITIONS TO FACILITIES

I understand that if I request accommodations/additions to what is provided in the residential system (ie. door handle changes, keypads, refrigerators, air purifiers), the University will make its best effort to comply with my request. Any device that is installed at the student's request will require an installation and usage fee. I understand that these charges will be assessed to my Millikin account.

Student Signature:

Parent Signature (if under 18):

**FEDERAL AND STATE LAW PROHIBIT THE REDISCLOSURE OF INFORMATION RECEIVED
PURSUANT TO THIS CONSENT.**