Medical Release
2015-2016 Academic Year

The University of Denver residency requirements states that all single, undergraduate students, under the age of 21 must fulfill the two-year live-in requirement.

Please read this information carefully and provide all required documentation by the deadline date to be considered for release. You must submit your petition prior to finals of the current quarter to be considered for release for the following quarter. **Incomplete petitions will not be reviewed.**

Petition steps to be considered for release from live-on requirement:

1. Complete Petition Form (page 2)
   a. Individuals who complete this petition form do not meet the criterion (i.e. Live-at-Home or Financial Duress) for release or Requests outlined by the Housing and Residential Education Department.
2. Attach required documentation:
   a. Any additional medical documentation that would support his or her special request or release.
   b. (Optional) Letter from parent or guardian supporting student in their request.
3. Return documentation to the Housing & Residential Education Office, Driscoll North, Suite 200 or email to Joel.Cruz@du.edu.
4. Releases will be made by the Contract Release Committee, based upon the documentation provided. Student will receive final decision via email within (7) business days of the Petition Review Committee’s decision. The Petition Review Committee meets during the second week of every month.
5. If a petition is denied, you may appeal with a representative from HRE; additional supporting documentation is highly recommended.

Students needing a medical accommodation that conflicts with the two-year live-on requirement need to contact the Disability Services Program at http://www.du.edu/studentlife/disability/dsp/index.html or (303) 871-2372
Medical Release Petition

**Student Information**

Name: ___________________________  DU ID#: ________________

On-Campus Address: _______________  ____________  ___________

  Building  Room #  Telephone#

Date of Birth: ___________  Age: _____  Email: __________________________

Major: _________________________  Quarter/YR Admitted to DU: ________________________

**Petition Information**

Quarter to Begin Request or Release (circle one quarter and one year only):  Fall / Winter / Spring

2015 / 2016

Year and Term started at DU: _______________  Transfer Student (circle): Yes / No

Request:

___ Meal Plan Release

___ Meal Plan Change to ________________________________

___ Housing Only Release

___ Housing and Meal Plan Release

**Brief Reason:**

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Request for Medical Release Petition

In accordance with the Americans with Disabilities Act and Section 504, The Rehabilitation Act of 1973, the University of Denver is responding to your request for accommodations as a qualified student with disabilities or medical/psychological condition that impacts your academics. The assessment of appropriate accommodations is based on the types of limitations manifested by a particular disability/medical condition and may differ for each student.

The student must request accommodations and disclose his/her disability before any accommodation can be implemented.

All accommodations provided are based upon individual needs as reflected in documentation and/or information related to the student’s disability or functional limitations. The University may require further documentation to substantiate the request for accommodations. The Contract Release Committee reviews requests in a timely manner.

1. **Primary Disability/Medical Condition:**

2. **Secondary Disability(ies)/Medical Condition:**

3. **Functional Limitation(s):** *How does your disability affect your academic work? What are some of the challenges you face in the classroom?*

4. **Do you take any medication and/or experience any side effects that may impact learning/concentration?**  
   No___  Yes___

   Medication(s) & Dosage(s)  _____________________________

   Side effects which may impact learning/concentration: _____________________________
5. Tell us about your learning style – what helps you in the classroom and when you are studying?

6. Have you ever used accommodations, assistive technology or other “tools” to help you in your academics? If “yes” please describe.

7. Sometimes knowing more about a students’ background will help DSP understand how best to accommodate a student. If you feel it will help guide us, please tell us about how your family, community, culture, race, ethnicity or other factors impact your disability and education.

8. Is there any other information that you want to provide DSP in order for them to make the most appropriate accommodation decision for you?
Petitions are accepted on a rolling basis and are due prior to the start of the quarter you are requesting release.
(Petitions received after classes begin for the current quarter will be reviewed for the next quarter.)

*Attach all letters of explanation and documents to this form*

I verify that all of the information contained in this request is accurate. I acknowledge that evidence of deliberate falsification of information or the submission of any materials, which provide false or erroneous information in connection with an attempt to be released from the residency requirements, shall be grounds for pursuing disciplinary action.

_________________________       __________________
Signature                      Date

For Office Use Only

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Letter Sent Via Email