

Black Hills State University  
Housing Contract Exemption & Appeal

**Supplemental Qualifying Medical Condition Verification Form**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Student Address: \_\_\_\_\_  
(Street Address/PO Box/ Residence Hall and Room) (City) (State) (ZIP)

I give Dr. \_\_\_\_\_ of the \_\_\_\_\_  
Medical Clinic/Center permission to release to Black Hills State University any and all relevant medical information  
needed for the medical release for which I am applying.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**The following section is to be completed by a Doctor/Health Care Provider. Attach additional information as necessary.**

Describe the specific medical condition for which this release is being requested.

What specific issues pose an imminent risk making it medically necessary for this student to consider options other than campus housing?

The South Dakota Board of Regents expects BHSU to make reasonable accommodation for students with disabilities and health issues. What accommodations might the University make in order for this student to be able to live in campus housing?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Air-conditioned facility | <input type="checkbox"/> Room on first floor    | <input type="checkbox"/> Close to restrooms   |
| <input type="checkbox"/> Wheelchair accessibility | <input type="checkbox"/> Private Room           | <input type="checkbox"/> Mattress (Bring Own) |
| <input type="checkbox"/> Campus Suite*            | <input type="checkbox"/> Other (Please explain) |   |

---

---

\*The Campus Suites provide for a greater level of student privacy on campus. Each air-conditioned 3 person Campus Suite includes 2 bedrooms (1 single, 1 double), kitchen, common room, and bathroom.

What specific medication or equipment is required which would affect placement or room designation?

If the University cannot accommodate this student on-campus, what kind of off-campus housing would you recommend that would help alleviate or accommodate this medical condition?

Other Comments:

I understand that medical releases are based on significant or unforeseen medical conditions. The information I have submitted is accurate and should be taken into consideration when reviewing this student's record. I further understand that this information may be presented to BHSU Student Health Services and/or the BHSU Student Counseling Center.

Attending Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print your name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_