



## **Residence Life Medical Release Policy**

Montclair State University's *Residence License and Dining Agreement* is a legally binding contract, signed by students residing on campus, for the entire academic year. Medical requests to be released from this license will only be considered for students who show a significant and unforeseen change in their medical condition since entering into the agreement. Students must be in treatment, and this condition must be new or have worsened to the extent that normal life functions cannot be maintained while living in residence.

The Department of Residence Life in collaboration with the Disability Resource Center will consider a release from a residential license as an accommodation for students with documented disabilities as defined by Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990. The laws define a disability as a physical or mental condition that substantially limits one or more major life activities. Documentation must demonstrate that these functional limitations impact the individual's ability to live in a University residential setting.

Please carefully read the following important information and instructions:

- ✓ Issues that can be resolved by a change in room or building will not be approved.
- ✓ Accommodations which will mitigate the functional limitations described by the medical professional may be offered to the student in lieu of a release from contractual obligations
- ✓ All requests are subject to a thorough review by a committee comprised of personnel from Residence Life, University Health Center, Counseling and Psychological Services and/or The Disability Resource Center. Students must sign a release of confidentiality, so medical documentation can be shared with the committee.
- ✓ The release process involves extensive investigation and review. Applicants will be notified by email within 7-10 days business days after submission of documentation. Every effort will be made to expedite the process.
- ✓ Students who vacate their assigned building without obtaining an official decision will continue to accrue room and board charges to their student account.
- ✓ If the request is approved, the official notification will be sent to your MSU email account and include check-out procedures and the date by which your residence must be vacated.
- ✓ Students seeking to appeal the decision made by the committee must do so in writing to Associate Dean of Students, Yolanda Alvarez within two business days of receiving the decision. Dean Alvarez is the University's Section 504 Compliance Officer. Requests for appeals will only be considered if there is **new** information that the committee did not consider or if the procedures for the review of your request were not followed.



***Release of Information and Statement of Understanding***

I have read and understand the Montclair State University procedures for requesting a release from my *Residence License and Dining Agreement* for medical reasons, and I agree to the terms and conditions.

Please review the following and provide your initials on the lines below:

\_\_\_\_\_ I understand that incomplete forms will not be considered. A completed request consists of:

- A completed narrative written by the student
- A completed and signed form submitted by a medical practitioner

\_\_\_\_\_ I understand that my personal medical information will be shared on a “need to know” basis with other university offices.

\_\_\_\_\_ I have the right to inspect and receive copies of my personal medical documentation.

\_\_\_\_\_ My signature indicates that all information I provide and submit is true and accurate. I acknowledge that providing false information will result in denial of my request. Providing fraudulent documentation is a violation of the Student Code of Conduct and may result in disciplinary action.

By my signature below, I give my consent to the Disability Resource Center to contact my physician if additional information is needed. Any such discussion will focus on the disability disclosed on this form only.

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

All completed forms must be submitted to the Disability Resource Center, Cole Hall 331. Forms may be faxed to 973-655-5308 or emailed to [drc@mail.montclair.edu](mailto:drc@mail.montclair.edu).

**Petition for Medical Release**



# MONTCLAIR STATE UNIVERSITY

Please provide a narrative explanation of the reason you are seeking a medical release from your housing license. If you have a new diagnosis, please indicate that and the specific reasons this diagnosis precludes on-campus residence. If you have a condition that existed at the time you signed the agreement, specific information must be given regarding the significant and unforeseen changes in your condition. Please be thorough and specific. (You may attach additional paper if necessary)

Name \_\_\_\_\_ CWID \_\_\_\_\_

Campus Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Narrative

Multiple horizontal lines for writing a narrative explanation.



**Medical Release from Housing Request  
Residence Life/Disability Resource Center**

**To be completed by Health Care Provider**

Student Name

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Diagnosis (Please include diagnostic code)

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How long have you been treating the patient for this condition? \_\_\_\_\_

Date of original diagnosis \_\_\_\_\_

Treatment Plan \_\_\_\_\_

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Can the functional limitations caused by this condition be ameliorated by housing accommodations? Examples include single room, air conditioning, and/or placement in another building.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please recommend specific accommodations.

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# MONTCLAIR STATE UNIVERSITY

Please explain why a release from Montclair State University's *Residential License and Dining Agreement* is medically necessary. **Specifically** indicate how the patient's medical circumstances have changed since the original signing of the Housing/Dining agreement.

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**This section must be completed for this form to be valid**

Name \_\_\_\_\_

Title \_\_\_\_\_ Specialty \_\_\_\_\_

Office Address \_\_\_\_\_

Phone \_\_\_\_\_

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License/Certification # and state of license \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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