Point Park University

Requesting Special Consideration in the Residence Hall
for a Medical Condition

Students with a medical condition may request special consideration and adjustments in the residence halls. For special consideration, students must submit a completed “Release of Information” form and appropriate documentation to support their request. The Residential Accommodations Committee will approve or deny requests after carefully reviewing submitted documentation. Questions regarding this process should be directed to the Student Health and Counseling department, 412-392-3800.

Students with a disability under the ADA who wish to request residential hall accommodations should follow a separate process. Contact Patricia Boykin, coordinator of disability services, at 412-392-4738 or pboykin@pointpark.edu, or consult the Program for Academic Success/Disability Services website.

DOCUMENTATION GUIDELINES

- Students requesting special consideration for issues related to the residence halls must provide supporting documentation from a qualified professional that includes:
  1. a clear statement of the diagnosed medical condition.
  2. an explanation of the current symptoms/functional limitations resulting from the medical condition. Include the impact of medications, if appropriate.
  3. the specific adjustments recommended and the reason(s) the student needs these adjustments.

- Documentation must be on letterhead and must include the name, title, professional credentials, address, telephone and fax numbers of the diagnosing and/or treating professional. The health care professional who provides the documentation should have no familial or personal relationship with the student.

- Documentation should be no more than 6 months old.

- Additional information may be required to support your request for special consideration and adjustments in the residence hall.

- Documentation should be mailed to: Student Health and Counseling, Point Park University, 201 Wood Street, Pittsburgh, PA 15222
Request for Special Consideration in the Residence Halls

Release of Information

I, ________________________________, hereby authorize a representative from the Residential Accommodations Committee at Point Park University, to contact my health care provider. If needed, the contact will be made to obtain additional information regarding my request for special consideration and adjustments in the residence hall.

Name of health care provider: ____________________________________________
Address of health care provider: __________________________________________
Phone # of health care provider: __________________________________________

Further, I authorize the Residential Accommodations Committee to contact Point Park University staff, on a need-to-know basis, regarding the information I provide.

Signature of Student __________________________ Date ___________

Phone Number of Student __________________________

Sign, date and return this form to:

Student Health and Counseling
Point Park University
201 Wood Street
Pittsburgh, PA 15222

Telephone: 412-392-3800

Note: Make a copy of all documentation submitted, for your records.