The Housing Accommodations board reviews requests from students who are requesting a cancellation due to a documented medical or psychological condition.

To request a medical or psychological contract termination: 1. You will complete the Information Form. 2. Have your clinician complete the VERIFICATION OF DISABILITY FORM FOR MEDICAL PROVIDERS FOR HOUSING TERMINATIONS. 3. Please email both forms to CAEHousing@sionet.ucla.edu. 4. If an appeal is approved, the CAE will notify the Housing Assignments Office. The Housing Assignments Office will then contact the student to confirm the termination. If the request is not supported the student will be emailed directly.

**Student Information**

University ID Number:

Name:

Preferred Name:

Preferred Phone Number:

Preferred Email Address:

Current Year in School (check all that apply):

- [ ] New
- [ ] Returning
- [ ] Transfer
- [ ] Graduate

Personal Statement: Please explain how the medical condition you are experiencing cannot be accommodated in either your current or other university owned housing and that the only remedy is to be released from your housing contract.
Verification of Medical Condition Requiring Housing Contract Cancellation

Student Name: ____________________________ UID ______________________

Dear Medical or Mental Health Professional:

This student has indicated that their health is so significantly impacted that a change to a different accommodation or medical treatment are not feasible and that they should be released from their housing contract early without penalty. By providing a full and complete response, you will help to expedite the processing of this student’s accommodation request, and reduce the need to return to you for additional information.

Physician/provider name (print) ____________ Title: ________________

Phone: ____________ Fax: ____________

Diagnosis in the area(s) check all that apply: ________________ Physical ________________ Medical

Describe your specialty, and how long the student has been in your care.

Severity of current symptoms (circle one): ________________ Moderate ________________ Severe

How would releasing the student from their housing contract provide medical/therapeutic benefits that cannot be achieved in other ways like a change of assignment or change of contract type?

Is there any other pertinent medical information that should be considered in reviewing this request?

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient and/or my review of records.

Physician/Therapist Signature: ____________________________ __________________________

License # ____________________________ Date: ____________________________