



Request for a private room due to medical necessity

I, _____, am requesting a private room at Louisiana Christian University based on medical necessity.

In order for your request to be considered, you must submit this form with an attached doctor's evaluation, dated within the last 6 months, detailing your medical or behavioral health condition.

Student Information:

Name: _____ Student ID: _____

Address: _____

Email: _____

Cell Number: _____

Date of Request: ____/____/____

Semester Applied For: _____

If approved, I understand that this form only applies to the current academic year and must be completed and attached with a new doctor's note annually in order to remain in a private room.

Signature: _____ Date: _____

For Office Use Only:

Date Received: ____/____/____

____ The above student is **approved** to live in a private room

____ The above student is **denied** to live in a private room for the following reasons:

This form is NOT valid unless signed by all of the following:

_____ Director of Residence Life	_____ Date
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_____ Director of Mental Health Counseling	_____ Date
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_____ Director of the Office of Disabilities	_____ Date
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Additional Notes:
