Your patient, a current or future UW-Platteville residence hall student, is requesting consideration for a medical single, release from their binding residence hall contract, or consideration for accommodation. We ask that you provide the following information to assist UW-Platteville in evaluating this request.

1. Student’s Name: ____________________________________________________________

2. What is the nature of your patient’s condition?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Is this condition permanent or temporary in nature?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

4. How does this condition restrict their ability to live in their environment (with specific examples of what would be feasible and would not)?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

5. We offer a variety of living options for students that may be viewed at our website at this location: http://www.uwplatt.edu/residence-life/community-options. What accommodations are reasonable and necessary to allow your patient to continue to participate in the living environment on campus (for example non community bathroom, single room, furniture modification, air conditioning etc.)?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
6. Is there other information that you would like to share that would assist us in making this decision?
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Please attach any additional appropriate documentation as desired.

Signature:____________________________________________ Date:________________________
Name (Printed):________________________________________
Practice Area/Specialty:_________________________________
Clinic/Hospital:________________________________________

Return this form via one of these methods:
Mail: The Department of Residence Life, 1 University Plaza, Platteville, WI 53818
Fax: 608.342.1847
Email: reslife@uwplatt.edu, subject “Accommodation Request”