

University Housing Services Medical Exemption Form

Name _____
Last Name First Name M.I.

Address _____

Home Phone _____ Cell Phone _____

Email _____ SJSU ID# _____

Mail/E-mail (scanned pdf)/Fax completed form to:
Appeals Committee, University Housing Services, One Washington Square, San José, CA 95192-0133
Email: tiana.marquez@sjsu.edu Fax: (408) 795-5678

TO BE COMPLETED BY THE STUDENT

Medical Release

I authorize my health care provider to complete this form and provide the information requested by the University Housing Services Appeals Committee. **NOTE: The information sought on this form pertains only to the condition for which I am requesting an exemption from living on campus.**

Student Signature: _____

TO BE COMPLETED BY THE PHYSICIAN

Health Care Provider

Approximate date medical condition began:

Is or was the condition severe enough to prevent the patient/student from living in on-campus housing?

Therefore, in your opinion, is the medical condition serious enough to warrant the release from the San José State University Housing contract?

Provider Name (print): _____ Provider Signature: _____

Provider Address: _____

Provider Phone: _____ Date: _____

Provider's State License Number: _____

Provider Licensed to Practice in the State(s) of: _____