

Return form to:
West Texas A&M University
The Office of Residential Living
WTAMU Box 60878
Canyon, TX 79016
Phone: (806) 651-3000/Fax: (806) 651-3010

<u>For Office Use Only</u>		
Approved _____	Not Approved _____	
Date _____	Initials _____	Code _____

RESIDENTIAL LIVING MEDICAL EXEMPTION FORM

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected by this form

All students with fewer than 60 semester hours accumulated, under the age of 21 years old on the first day of class of each semester, and are enrolled in nine (9) or more semester hours are required to live in the University Residence Halls. Students under the age of 21 and are residing in on-campus housing are required to purchase a University meal plan until the student has accumulated 45 semester hours.

Exceptions to these requirements will be considered for those students who have a medical exemption documented by a medical doctor due to a special environmental or dietary need, which the **University cannot provide**. The student and the doctor need to complete and return this form to The Office of Residential Living no later than the 20th class day. After the 20th class day, no exemptions will be approved. The University reserves the right to verify each case through the campus physician.

(Please Print or Type) Semester(s)/Year(s) I am applying for: Fall 20 ____ / Spring 20 ____

Requesting: Change meals from _____ to _____ **Off meal plan:** ____ **Off Campus:** ____
(Check One)

Student Name _____ Buff ID: _____

School Address _____ Apt. ____ City _____ State _____ Zip _____

Permanent Address _____ Apt. ____ City _____ State _____ Zip _____

Phone Number: () _____ School Phone #: () _____

WTEmail Address: _____

I understand that this is a sworn statement to the State of Texas and affirm that all the information herein and attached is correct and factual to the best of my ability. I also understand that if this exemption request is not granted or is revoked, **I will be responsible for charges to my University account for a room and/or meals**. Any form of misrepresentation on this form may constitute "Falsification of Records" which is a violation of University rules and is punishable through the University's judicial system.

This form is applicable for one (1) Academic Year Only. The student must re-apply prior to each fall semester if under the requirement.

Student Signature _____ **Date** _____

The following information should be provided by a physician and attached to this form:

- A medical or clinical diagnosis of the disability by a licensed professional in the appropriate area of specialization
- Clearly define the impact of the disability on the student's housing or diet needs
- Observations or recommendations of accommodations that would assist the Office of Residential Living in serving the student
 - Recommended accommodations should be directly related to the disability

If the disability and accommodations are not clearly identified in the documentation, the Residential Living Office will seek clarification and, if necessary, more information.

All physician information submitted must be on letterhead/official form, legible, signed, dated and verifiable.