



**OHIO**  
UNIVERSITY

Division of Student Affairs  
Housing & Residence Life

# Housing Exemption / Termination Request

## Authorization for Release of Confidential Information

In order for Housing and Residence Life to objectively evaluate your request for exemption/termination, additional details may be needed from the clinician in charge of your treatment. By signing this form, you understand that you are providing your clinician the right to disclose any information that is necessary to assist with the review of your request directly to Housing and Residence Life.

### Student Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Student PID: \_\_\_\_\_

### Provider Information

Name of Clinician: \_\_\_\_\_ Clinician Phone: \_\_\_\_\_

### Length of Authorization

Thirty (30) days

Sixty (60) days

Ninety (90) days

### Signature & Certification

*I understand that the information used or disclosed as a result of this authorization may be re-disclosed by the recipient and no longer protected by HIPAA privacy Laws.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**You have the right to revoke this authorization, in writing, at any time. Such written notification must be provided directly to Housing and Residence Life**

\*Any revocation will not be effective to the extent that we have already taken action in reliance on the authorization.