

AIR CONDITIONER INFORMATION

Requesting an Air Conditioner

Please return this request form to the Student Health Center along with the physician's documentation. The documentation from a physician must:

- be typed on the *Physician's letterhead* and signed by the Physician
- indicate the specific diagnosis (asthma, allergies, etc.)
- state the exact allergy or allergies indicated in the diagnosis.

It is important to note that *medical documentation* must be provided by your physician **every year** while you are a resident student here at John Carroll University. The use of an air conditioning unit is based on medical necessity, not merely a recommendation.

All forms will be processed within 24 hours AFTER all proper documentation is received in the Student Health Center and the student will be notified via email.

Considerations

Millor Hall, Bernet Hall and Murphy Hall are air conditioned during the warm months (usually August – mid-October and again in May if the weather is warm). Each room has individual room temperature controls.

Purchasing an Air Conditioner Unit

Students approved to have an air conditioner unit, must purchase their own unit following the below requirements:

- Must not exceed 7000-9000 BTUs and MUST operate on a standard 120 volts
- Must be portable unit with a window kit. Window air conditioner units are not permitted.
- Must vent out window
- Must be self-evaporative

Maintenance will ensure the unit meets the above requirements prior to installation. Maintenance will NOT make any adjustments or repairs to unit. Student will be responsible for operation, repair, and storage of unit.

Getting your Air Conditioner Installed

- Submit a work request through Facilities. (note the password)
- Choose "enter a work order"
- Complete all the boxes
- **Step 3- select -"student database" –failure to do this will delay installation**
- Step 4- include- install air conditioner, Room #, date & time a/c unit will be in room
- Step 8- password changes yearly. Found on Facilities website.
- Maintenance will install unit within 48 hours of receiving the request.



AIR CONDITIONER REQUEST FORM

Requestor Information

Last Name: _____ First Name: _____ MI: _____

Banner ID: _____ JCU email: _____

Residence Hall and room #: _____

Cell Phone with area code: (_____) _____

Please attach the required medical documentation as stated below:

The documentation from a physician must:

- be typed on the *Physician's letterhead* and signed by the Physician
- indicate the specific diagnosis (asthma, allergies, etc.)
- state the exact allergy or allergies indicated in the diagnosis.

Submit this form and the documentation to:

Mail: Director, Student Health Center John Carroll University
1 John Carroll Blvd.
University Heights, Ohio 44118
Fax: 216-397-1787 OR Email: studenthealthcenter@jcu.edu

For Office Use Only

Date received: _____

Date email sent to student: _____

Date email sent to Res Life: _____