

## AIR CONDITIONER REQUEST FORM

### Requesting an Air Conditioner (outside of Air Conditioning season)

Please return this request form to the Student Health Center (Murphy Hall, lower level) 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.

Maintenance will be notified to leave your unit installed, provide any additional insulation needed for the colder months, or reinstall a unit if one has been removed depending on the time of the request. Please allow at least 72 hours for maintenance to respond to this request.

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### Requestor Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Banner ID: \_\_\_\_\_ JCU email: \_\_\_\_\_

Residence Hall and room #: \_\_\_\_\_

Cell Phone with area code: (\_\_\_\_\_) \_\_\_\_\_

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](mailto:studenthealthcenter@jcu.edu)

Any questions or concerns, please call the student health center, 213-397-4349

<b>For Office Use Only</b>
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Date received _____	Date Student emailed _____
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