

## Healthcare Provider Verification Form for Air Conditioner Installation

STUDENT INFORMATION (Student completes):	
Name:	BW ID#
Date of Birth:	Cell Phone
DIAGNOSIS (Provider completes):  1. What is the medical diagnosis and last appointn	nent with above student:
2. What is the expected duration of this condition:	
3. Is an a/c unit required for the above student:	
HEALTHCARE PROVIDER INFORMATION	
Provider's name (print)	Date
Provider's signature	Title
License or certification #	
Address	



## Air Conditioner Install Request Form

STUDENT INFORMATION: (Please Print)	
Name:	ID#
Class Status: Fr So Jr Sr	Grad
Cell Phone:	BW Email:
Campus Residence Hall/Apt.:	Room #:
Date the AC unit will be in the room/apt.:	AM or PM (circle one)
Once completed, the forms can be faxed to 44 request will be reviewed once we receive this f	Implete the Healthcare Provider Verification Form. 0-826-3730 or emailed to Reslife@bw.edu. Your orm and the Healthcare Provider Verification form. count letting you know whether or not your request is

## **IF YOUR REQUEST IS APPROVED:**

- YOU MUST PROVIDE A WINDOW AIR CONDITIONING UNIT (floor models are prohibited). The unit must be 6,000 btu's or less and be able to plug in to a 110 volt electrical outlet.
- You must have your a/c unit in your room on the date you put on this form. Due to staffing constraints, you will not be able to bring the unit before you officially check in to your room.
- Installation of your a/c unit will occur within 10 business days of the date you put on this form.
   Our Buildings and Grounds Department works diligently to install air conditioners as soon as possible.
- Please leave the a/c unit out in the open and visible to the installers. Installation will be delayed if the unit is not in the room on the date you place on this form.
- You must schedule with B&G at the end of the academic year to have your a/c unit removed at 440-826-2233.
- No units will be installed after October 1st.