Student Request for Air Conditioner
Ball State University

Student Affairs
Housing and Residence Life
765-285-8000 voice   765-285-2208 TDD

While some residence halls offer central air conditioning (Baker/Kipple, Palmer/Davidson, Painter/Whitcraft, Park, DeHority, Kinghorn, Johnson A), the Office of Housing and Residence Life understands that some students with medical needs may require air conditioning in buildings without central air. For this reason, students with written authorization from the Office of Housing and Residence Life may rent air conditioners for their residence hall rooms. (Sorry, air conditioning units cannot be installed in Elliott Hall’s casement windows.)

Yearly Rental Fee: $150, which includes installation charges, billed in September to the student’s bursar’s account.

Requesting an air conditioner is a four-step process:

Step One: Student completes this form.

Step Two: Student takes enclosed Medical Verification Form to his/her appropriate licensed health care professional to complete. (Sorry, a prescription from a physician will not be accepted and a physician must complete the form in its entirety. Please use the Medical Verification Form.)

Step Three: Student mails or faxes the completed Student Request Form AND completed Medical Verification Form from a licensed physician to the following address:

Director
Ball State Housing and Residence Life
LA N-10
Muncie, IN 47306
FAX 765-285-3743

Step Four: After your information is reviewed, you will be asked to sign an agreement from our office.

As part of the accommodation process, you may be interviewed. Remember, a request for an accommodation will not be considered without current medical verification of the medical condition and necessity of requested accommodations.

Please print or type:

Student Name: ______________________________________________________

BSU ID Number: ___________________________________________________

Street Address, City, State, ZIP: __________________________________________

Telephone: _________________________________

Specify the nature of your medical condition: ______________________________________

___________________________________________________________________________

Please explain why you require an air conditioner: ________________________________

___________________________________________________________________________

_________________________________________    _________________________
Student’s Signature         Today’s Date

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