

## Air Purification Device Clearance Form – 2011-2012

Enrolled students that have a respiratory condition that requires a Air Purification Device shall complete this request form. The request must be submitted annually in order to be considered prior to the residence hall assignment process. Submitting a written request does not automatically guarantee that accommodations will be available.

Student Name: (Print) \_\_\_\_\_ Longwood ID#: L \_\_\_\_\_  
*Last First Middle Initial*

Classification: \_\_\_ Continuing Residential Student I am a (circle): FR SO JR SR  
\_\_\_ New Residential Student

Date to Initiate Accommodation (circle): Fall 2011 (August) Spring 2012(January) Other: \_\_\_\_\_

Longwood E-mail: \_\_\_\_\_@live.longwood.edu Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing Address (at time of request): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number (at time of request): \_\_\_\_\_

Intended Residence Hall/University Managed Apartment: \_\_\_\_\_

Reason for Requesting Permission for Air Purification Device: *(check one)*

\_\_\_\_\_ Diagnosed with asthma/allergy condition – Please attach the Physician/Clinician’s Diagnosis Form or copy of prescription

\_\_\_\_\_ Concern for general air quality

Describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intended Device: Make/Model \_\_\_\_\_

Power Required (wattage) \_\_\_\_\_

**The following deadlines will be enforced:**

Returning Fall 2011 residents

**March 21** before 5:00pm

New Fall 2011 residents

**June 15** before 5:00pm

New Spring 2012 residents

**November 15** before 5:00pm

Forms should be sent to:

**Jim White**

Director of Environmental, Health, Safety and Emergency Management (EHS&EM)

Longwood University, 201 High Street

Farmville, VA 23909

Phone: 434.395.2940

Fax: 434.395.2666