

**Air Purification Device Clearance Form**

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

Longwood E-mail Address: \_\_\_\_\_

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

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

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

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

**For incoming new and transfer students,  
please complete and submit your form to the address below by:**

**Fall Admission – by June 11<sup>th</sup>  
Spring Admission – by November 18<sup>th</sup>**

**For continuing/returning students,  
please complete and submit your form to the address below by:  
March 19<sup>th</sup>**

Forms should be sent to:  
James White  
Environmental Health & Safety Manager  
Longwood University  
201 High Street  
Farmville, VA 23909